STUDENT VERIFICATION FORM

EMPLOYEE NAME (LAST, FIRST MI):			**ALTERNATE ID # OR SS #:**
LAST	FIRST	MI	*(ID # can be found on your ID card)*
DEPENDENT NAME (LAST, FIRST MI):			**SOCIAL SECURITY NUMBER:**
LAST	FIRST	MI	

IS THIS DEPENDENT A STUDENT?:

☐ NO – My dependent is no longer a student. His / Her Student status ended on _____ MM/DD/YYYY

☐ YES – Please complete the following questions:

NAME OF SCHOOL:				**REGISTRAR'S PHONE NUMBER:**
ADDRESS OF SCHOOL:				
STREET ADDRESS	CITY	ST	ZIP	COUNTY

FALL SCHOOL SEMESTER (MONTH/YEAR): FROM _____ - TO _____

DEPENDENT STUDENT IS: ☐ Full Time ☐ Part Time	**NUMBER OF CREDIT HOURS:**
IS DEPENDENT INTENDING TO ENROLL FOR THE NEXT SPRING SEMESTER? ☐ YES ☐ NO	

SPRING SCHOOL SEMESTER (MONTH/YEAR): FROM _____ - TO _____

DEPENDENT STUDENT IS: ☐ Full Time ☐ Part Time	**NUMBER OF CREDIT HOURS:**
EXPECTED GRADUATION DATE: _____	

WAS DEPENDENT ATTENDING SCHOOL DURING THE LAST SEMESTER? ☐ Yes ☐ No

DATE OF LAST SEMESTER ENROLLED: FROM _____ - TO _____

I certify that the above information is true, and understand that I may be held responsible for any overpayment made, on behalf of my dependent, due to misrepresented student information. I understand if my dependent ceases to be a full-time student, it is my or my dependent's responsibility to notify the Plan Administrator within sixty (60) days of the loss of student status to be eligible for COBRA.

EMPLOYEE SIGNATURE ______________________ DATE ______________

Please return this form to the Lifetime Benefit Solutions address displayed on the back of your benefit ID card.

Doing business as LBS Administrators and Flexible Benefit Insurance Solutions in California. Doing business as LBS Administrators in New Hampshire.