



Date

Name
Address
City, State, and Zip

STUDENT VERIFICATION INFORMATION

DEPENDENT NAME:
ID NUMBER:
GROUP NUMBER:

A dependent that has reached the maximum dependent age must be enrolled as a full-time student at an accredited educational institution in order to be covered as an eligible dependent.

Please indicate below the semesters that your dependent is, or has registered to be, a full-time student and return this form to our office within seven days in the envelope provided.

Name and Telephone Number of Educational Institution	Semester Attended (Spring or Fall)	Year Attended	Hours Enrolled
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Dependent is not a full-time student.
Date dependent was no longer a full-time student _____
(Please visit your HR office to complete a termination form.)

_____ Dependent is incapacitated/handicapped.
(Please obtain an Incapacitated Dependent Form from US Able Administrators.)

If you have any questions regarding this letter, please call the Customer Service telephone number listed on your Identification Card.

The information provided is true and correct to the best of my knowledge and belief.

SIGNATURE

DATE