

STUDENT VERIFICATION LETTER

Please review the eligibility section of your plan document for the definition of an eligible dependent. In accordance with this provision, we respectfully request the following information.

Child's name _____

Child's birthdate _____ Relationship to employee _____

Does the child depend on you for principle financial support? Yes ___ no ___

Is the child? Single ___ married ___ divorced ___ separated ___

Is child employed? Yes ___ no ___ If so, part-time ___ or full-time ___

Is child a student? Yes ___ no ___; part-time ___ or full-time ___

What are the dates of current enrollment? _____

Number of hours enrolled _____ Expected graduation date _____

Name/address/phone number of school _____

Is school accredited? ___ yes ___ no

Type of school (e.g., college, trade, etc.) _____

I hereby certify that the above information is correct to the best of my knowledge and authorize release of any information requested.

Signature of employee

date signed

X ***Your plan requires proof of enrollment, please attach copy of form.***