

VERIFICATION OF STUDENT STATUS



PO Box 5809
Fresno CA 93755-5809
Phone: 559-256-1320
Fax: 559-256-1321
Email: claims@asibenefits.com

Employee: _____
Member ID#: _____
Dependant Name: _____
Dependent Birth date: ____/____/____

The dependant named above is between age 18 and 24 (Coverage ends on 25th Birthday). Please submit proof of full-time student status by completing the following:

School Name: _____

School Address: _____

Number of credits carried:

_____ Credits for semester dates: _____

_____ Credits for quarter dates: _____

*Please attach certification from the school registrar or any another form of proof or certification verifying the dependent's status as a full-time student.

BY MY SIGNATURE BELOW, I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION IS ACCURATE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Completed by (please print name): _____

Signature: _____ Date: _____