

# DEPENDENT STUDENT STATEMENT

Group Number: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Employee's SS#: \_\_\_\_\_

Please complete the following information and forward to college/university:

**A:** I certify that \_\_\_\_\_ is \_\_\_\_\_ years of age, is unmarried, and dependent upon me for support. He or she is now a full-time student, as defined in the health plan, is an institution of higher learning, namely:

Institution: \_\_\_\_\_ Registrar's Phone#: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**B.** As a student I authorize the said institution to release any information regarding enrollment.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

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**C.** To be completed by college or university:

Please complete for the above named student and return to address below:

The above student is enrolled as a full-time student for **SPRING** or **FALL** of 20\_\_\_\_ to 20\_\_\_\_. Number  
(Circle one)  
of semester hours attended: \_\_\_\_\_.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_