

Student Verification Form

Please complete to continue coverage for dependents over age 19



Employee Name		Group Number	Certificate Number
Name of Dependent Student		Birth date of Student / /	Marital Status of Student <input type="checkbox"/> Single <input type="checkbox"/> Married
Name of College or University Attended by Student		Student Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Student Number
Number of Credit Hours	Date student enrolled as full-time student . / /	Date student ceased being full-time student. / /	Employment status of student: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed
If employed, name and address of student's employer			Are you providing the majority of support for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please advise American Community immediately of any changes in your dependent's status. Also, please be aware that American Community may periodically request documentation to support your statements.

Signature of Employee

Date

Please fax this form to 734-853-3276