

STUDENT ELIGIBILITY FORM

Your group contract requires that children over the age of 19 be full-time students to be eligible for benefits. In order to properly load our files please complete the following information and return this form. Your prompt attention to this matter will avoid delay in any claims that may be incurred.

Name of School in which dependent is enrolled: _____

Address of School: _____

Type of School (College, Trade, etc.): _____

Course of study: _____

Date of present school term: _____

Expected Date(s) of (a) Course Completion: _____ (b) Graduation: _____

**PLEASE ATTACH A PHOTOCOPY OF A CURRENT
STUDENT REGISTRATION FORM**