



Please return form to:  
 Northern Buckeye Education Council  
 209 Nolan Parkway PO Box 407  
 Archbold, OH 43502

## FULL TIME STUDENT VERIFICATION

To the Policyholder:

Northern Buckeye Education Council must have verification of full time student status to provide coverage for dependent students of policyholders. Please fill out the form and both you and your student will sign in the designated area. Please have the accredited school fill out the confirmation section, or you may attach a schedule for the student or other documentation providing the name of the school, the student's name, the number of credit hour being taken (12 credit hours is considered full time) and the semester/quarter.

1. Employer/District DEFIANCE CITY SCHOOLS Plan # 10817 Class \_\_\_\_\_
2. Employee Name \_\_\_\_\_ ID Number \_\_\_\_\_
3. Dependent Name \_\_\_\_\_ Dependent's Birth Date \_\_\_\_\_
4. Is student still an IRS dependent on parents' income taxes? Yes  No
5. Name and address of school in which student is enrolled \_\_\_\_\_

I AUTHORIZE THE ABOVE NAMED SCHOOL TO VERIFY AND/OR RELEASE ANY INFORMATION NECESSARY TO CONFIRM MY FULL TIME ATTENDANCE AT THE SCHOOL FOR THE PURPOSE OF ESTABLISHING MY STUDENT STATUS.

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

I CERTIFY THAT THE DEPENDENT IS A FULL TIME STUDENT AND THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND AUTHORIZE RELEASE OF ANY INFORMATION REQUESTED WITH RESPECT TO THIS CERTIFICATION.

\_\_\_\_\_  
SIGNATURE OF POLICYHOLDER/EMPLOYEE

\_\_\_\_\_  
DATE

### SCHOOL CONFIRMATION

Please confirm whether the above-named student is enrolled at your institution by checking the appropriate item below:

The individual identified above:  is a full time student  is a part time student

\_\_\_\_\_  
SIGNATURE OF REGISTRAR

\_\_\_\_\_  
DATE

**Your dependent may be eligible for six months of additional insurance coverage (six months from their last day of full time classes or date of graduation, as long as your dependent is NOT eligible for insurance through their own employment and they are still a tax dependent, under the IRS definition, they may remain on your insurance for six months (or until the end of the calendar year in which they turn 23---whichever comes first!)**

\*\*\*\*\* My dependent is no longer a full time student. Please grant 6 month extension. \*\*\*\*\*

Last day of classes attended as full time student: \_\_\_\_\_

Date of college graduation: \_\_\_\_\_

**SIX MONTH EXTENSION GRANTED TILL:** \_\_\_\_\_