



FULL-TIME STUDENT STATUS REQUEST

DATE: _____

GROUP NAME: _____

SOCIAL SECURITY NUMBER _____

COVERED DEPENDENTS: _____

The purpose of this letter is to request full-time student status verification on dependents listed on your policy between the ages of 19–23 or 25. See your Summary Plan Description for maximum age limit.

If you received this letter, this means you have a dependent(s) that falls between these age brackets.

In order for these dependents to be covered under this policy, these dependents need to be enrolled in an accredited college or university. Please have the Registrar’s Office forward its verification form of full-time enrollment or have them complete the following:

This is to verify that _____ is enrolled as a full time student from _____ to _____ with _____ College/University.

Signature of Registrar

Date

Send directly to Planned Administrators, Inc., P.O. Box 6927, Columbia, SC 29260 for processing.

Until this information is received on your dependent, any claims received will be denied. Upon receipt of this information, the claims will be reconsidered according to the group health plan benefits as outlined in your summary plan description. If you have any questions, please contact PAI customer service at 1-800-768-4375.

If your dependent is not enrolled in an accredited institution, you will need to contact your employer’s Human Resource Department to terminate this dependent from your policy.

Thank you.