



Legal Name: The Evangelical Benefit Trust
Version: EBT / FTS / 0409

Submit to:

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Forest Hill, MD 21050-0950

p 800.953.9150
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CERTIFICATION OF FULL-TIME STUDENT ELIGIBILITY

OUR RECORDS INDICATE that one or more of your dependents are over the age of 19. In order for your dependent to remain on your coverage past this limiting age, please complete this fillable certification form. Once form is completed, click the Submit Form button. Then save it, print it, sign it, obtain official school signature and fax it to the number shown above.

Group No. _____ Employee Name: _____ Employee Social Security Number: _____

SECTION I. DEPENDENT'S INFORMATION

Dependent's Name: _____ Relationship to Employee: _____

Dep. Gender: M F Dep. Date of Birth: _____ Dep. Social Security Number: _____
(mm/dd/yyyy)

Dependent's Marital Status: Single Married Divorced Separated

Yes No Do you provide 50% of the Dependent's support?
Yes No Does the Dependent reside with you?

I hereby certify that the information contained on this form is correct to the best of my knowledge and authorize the release of any information requested with respect to this certification.

Employee Signature: _____ Daytime Telephone Number: _____ Date: _____
(mm/dd/yyyy)

SECTION II. STUDENT CERTIFICATION

Please complete the following. Then obtain official signature from school to certify if dependent is eligible based on student status.
(subject to the plan options selected by your employer)

School Name: _____ School Address: _____
City: _____ State: _____ Zip: _____

Beginning and Ending Date of Current Semester: _____ to _____

Yes No Is this Institution accredited? Which Semester does this certification apply? Fall Spring

What is the student status as determined by the institution? Full-time Part-time

Credit Hours per Current Semester (Classroom Hours per Week)? _____

SUMMER SESSIONS

Yes No Is Student currently enrolled for a summer session?
Yes No If Yes, Did Student Attend Spring Semester Preceding Break?
Yes No Is Student Enrolled for the Fall Semester?

I HEREBY CERTIFY that the above information is correct to the best of my knowledge.

Signature of School Official: _____ Daytime Telephone Number: _____

Title: _____ Today's Date: _____
(mm/dd/yyyy)

Please note: the member must complete the top portion of this form and attach a letter from the College Registrar's office. Please be advised that the letter from the College Registrar's office must be on official school stationery and be signed by the School's Administrative office or Registrar's office. The information must state the dependent's name, and indicates that the dependent is a full-time student for the **Current** semester. You may also attach documentation of payment on official school stationery showing the **PAID** Full-time tuition that states the dependent's name and states that this dependent is a full-time student for the **Current** semester.

WE WILL NOT ACCEPT A COPY OF AN UNPAID TUITION BILL AS VERIFICATION OF FULL-TIME STUDENT STATUS.