



Student Status Verification

Complete and attach form for any dependent(s) listed on the other coverage verification form who is over the age of 19. If you need additional forms contact Human Resources.

Dependent Student's Name: _____

Dependent Social Security Number: _____

1. Is your dependent attending an accredited secondary, or vocational school, college or university?

Yes No Full-time student Part-time student

2. If this dependent is no longer a full-time student, please indicate last date he/she attended school on a full-time basis. _____

3. If attending an accredited secondary, or vocational school, college or university please state:

Name of Institution: _____

Address of Registration Office: _____

Phone Number (Registration Office or School): _____

4. Your dependent is enrolled in the following terms during the years _____ (Check all that apply.)

Fall Spring For Semester Only Year

5. Approximate date of graduation: _____

Please return documentation to:
Interactive Medical Systems
PO Box 19108
Raleigh, NC 27619