

Full-Time Student Certification



Complete and Mail to:
Meritain Health Eligibility Dept
1 South Street
10th Floor
Baltimore, MD 21202

Failure to submit this form will delay claims processing.

THIS INFORMATION MUST BE COMPLETED BY EMPLOYEE		
Employer Group Name	Employee Name	Employee Social Security No./ID No.
Student Name	Student's Social Security No.	Student's date of birth

THIS INFORMATION MUST BE COMPLETED BY SCHOOL OFFICIAL			
School Name		School Phone #	
School Address		Is the school an accredited institution of higher learning? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student's total number of semester credits	Student is: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Semester date ranges	Expected graduation date

FAILURE TO DISCLOSE PROPER INFORMATION MAY RESULT IN DENIAL OF BENEFITS.

Signature of school official and school seal

Title

Date signed