

LIBERTY Dental Plan

Full-Time Student Status Verification Form



COMPLETION OF THIS FORM IS REQUIRED EACH SEMESTER FOR EACH DEPENDENT BETWEEN THE AGES OF 19 AND 24.

(Dependent will be termed if form is not received within 15 business days)

SUBSCRIBER INFORMATION (please print)			
Subscriber Last Name	First Name	MI	Social Security Number
Address	City	State	Zip
E-mail	Phone	Group #	

A full-time student dependent is eligible to be covered under your dental insurance if she/he meets ALL of the following qualifications:

Having never been married

Between the ages of 19-24 years of age.

Attending an accredited college, university or trade school on a full-time basis (**12 units**)

Depends upon the subscriber for financial support.

In order to verify full-time student status, you must include one of the following documents for EACH of your dependents:

- 1 A letter from your dependent's school registrar stating that your dependent is enrolled full-time for the current semester.
- 2 A copy of the current class schedule that includes your dependent's name, status, credit total and semester dates.
- 3 A copy of a current tuition invoice that includes your dependent's name, status, credit total and semester dates.

DEPENDENT INFORMATION (please print)			
Dependent Last Name	First Name	MI	Date of Birth
I certify that the information and attached documentation are correct.			
Subscriber's Signature		Date	
MY DEPENDENT IS NOT A FULL-TIME STUDENT			
I understand that since the above named dependent is no longer a full-time student, they no longer qualify for coverage under my dental plan. Therefore, coverage for the above dependent will be terminated.			
Subscriber's Signature		Date	

Please sign and date this form, and return it to the address or fax number below:

**LIBERTY Dental Plan
Student Verification
Attention: Sandra Flores
3200 El Camino Real, Ste. 290
Irvine, CA 92602
Fax Number: (888) 704-9930**