

# Student Verification Form

**Subscriber must complete Sections 1& 2 in full, sign, date and return the form along with one of the documents listed in Section 3 to the address below. Please call Member Services at 1-800-251-7722 with any questions.**

**ConnectiCare, Inc. & Affiliates  
Attention: Group & Membership Administration  
30 Batterson Park Road  
Farmington, CT 06032**

## **Section 1:**

Subscriber's Name: \_\_\_\_\_  
Subscriber's Employer: \_\_\_\_\_  
Subscriber's ID # : \_\_\_\_\_  
Student's Name: \_\_\_\_\_  
Student's Date of Birth: \_\_\_\_\_  
Name of Institution Student Attends: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ Phone #: \_\_\_\_\_

## **Section 2:**

1. Number of credit hours student will carry during the current academic year? \_\_\_\_\_
2. Credits required by school for full-time student status is \_\_\_\_\_ credits.
3. Expected Date of Graduation: \_\_\_\_\_
4. Will he/she be continuing school in the  
Fall \_\_\_\_ Yes \_\_\_\_ No  
Spring \_\_\_\_ Yes \_\_\_\_ No

## **Section 3:**

Please enclose a copy of one of the following documents:

1. The front and back of the canceled tuition check.
  2. A dated class schedule with student's name on it.
  3. A paid invoice for tuition.
  4. A dated, signed student loan agreement.
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**Subscriber's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please be aware that you, as the subscriber covered by the group plan, are responsible for the accuracy of the information given on this form. It is also your responsibility to inform ConnectiCare as soon as possible when your dependent is no longer a full-time student. If you fail to report a change in your dependent's eligibility, his or her coverage will be terminated retroactively and you will be responsible to reimburse ConnectiCare for any benefits paid.