

**UPMC Health Plan/UPMC Health Network
Full-Time Student Status Verification Form**

In order to verify full-time student status, **you must include one** of the following documents for EACH of your dependents who is approaching your benefit plan's age limit for dependent students:

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

Policyholder Information		
Name:		
Address:		
City:	State:	Zip:
Phone:	E-mail:	
You can find the following information on your UPMC Health Plan member ID card:		
Employer group #:	Member ID #:	

Dependent Information	
Student's name:	
School name:	
School address:	
Expected date of graduation: Month: Year:	
Is student full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," # credits enrolled:

I certify that the above information and attached documentation are correct.

Policyholder Signature: _____ Date: _____

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

Student Verification
UPMC Health Plan
Attention: Enrollment Department
P.O. Box 2965
Pittsburgh, PA 15230-2965
Fax Number: 412-454-7770

Except as modified by law, this entire policy, and/or claim is void if, before or after a claim is filed, if it is determined that anyone we protect has intentionally concealed or misrepresented any material fact or circumstance concerning this insurance. In the event of a fraudulent claim, we will not make a payment for the claim, and if we paid we will seek restitution for same.