

Pro Benefits Administrators

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STUDENT STATUS VERIFICATION FORM

Date _____

Subscriber Name

Employer Name

ID #

Dependent Name

Address

Maximum Dependent Age

City, State, Zip

Maximum Student Age

Dear Subscriber,

In order to process claims under your current dental plan, we must verify that your dependent is a full-time student. Please check the applicable box below and return this form.

Presently a Full-Time Student registered for no less than 12 credit hours.

Accredited College or University Information

School Name

Student ID Number

Address

Expected date of Graduation

City, State, Zip

No longer a Full- Time Student

Subscriber signature

Date