

J. J. STANIS and COMPANY, INC.

100 Jericho Quadrangle, Suite 101 • Jericho, New York 11753
Phone 516 465 3900 Fax 516• 465• 3920

STUDENT STATUS – REQUEST FOR INFORMATION

In order to consider benefits for your dependent child, who would not otherwise be eligible for coverage under your plan, we require the following information as verification of full-time Student Status. We may require completion of this form up to twice a year dependent upon when services are rendered. IF A DEPENDENT CHILD WILLINGLY BECOMES INELIGIBLE FOR COVERAGE AS A FULL-TIME STUDENT, THEY WILL NOT BE ELIGIBLE TO RECEIVE BENEFITS UNTIL THE DAY THEY RETURN TO SCHOOL AS A FULL-TIME STUDENT.

Proof of Student Status is required to process claims for services rendered between:
January 1st and August 31st Spring Semester for the Year _____
September 1st and December 31st Fall Semester for the Year _____

NOTE: Proof of Student Status is required for EACH period during which services are rendered.

PLEASE NOTE: WE CAN ONLY ACCEPT STUDENT STATUS VERIFICATION FOR THE CURRENT OR PRIOR SEMESTER(S). PRE-REGISTRATION FORMS, TUITION BILLS, CLASS SCHEDULES, REPORT CARDS & STUDENT I.D. CARDS WILL NOT BE ACCEPTED. ANY FORM FOR THE CURRENT SEMESTER MUST BE COMPLETED AFTER YOUR DEPENDENT CHILD STARTS CLASSES.

The following information is required. Parts A and B must be completed in full. PLEASE PRINT.

PART A – TO BE COMPLETED BY THE INSURED

Please check all coverages that apply for this dependent: Medical Excess Major Medical

(For plans administered by CBCA)

Dental Excess Dental Vision

Name of Dependent Student: _____

Student's Social Security Number: _____

Name of Insured: _____

Insured's Social Security Number: _____

Name of Insured's Employer: _____

Signature of Insured: _____

PART B – TO BE COMPLETED BY THE ACCREDITED EDUCATIONAL INSTITUTION

Name of School: _____

Name of Student: _____

Who is registered as a FULL-TIME _____ or PART-TIME _____ student (please check one)

For the Fall, _____ or Spring _____ semester which {please enter year}

Begins ___/___/___ and ends ___/___/___ ({please enter month/day/year}

Expected date of graduation: ___/___/___ {please enter month/year}

Signature of Registrar or Bursar _____ Date: _____

Imprint School Seal Below(REQUIRED)

Please return this form to:

J. J. Stanis and Company, Inc.
100 Jericho Quadrangle, Suite 101
Jericho, NY 11753