



STUDENT VERIFICATION/STUDENT CERTIFICATION FORM

In order to verify full-time student status for covered dependents, Akron Public Schools must have the following information completed by the employee (Policy Holder), the employee’s dependent, and confirmation from the dependent’s school must be obtained in order for this form to be considered valid and complete.

POLICY HOLDER’S EMPLOYER: **Akron Public Schools**

EMPLOYEE NAME (Policy Holder): _____ EMP ID #: _____

Dependent Student Information: STUDENT’S NAME: _____ SSN#: _____

DATE OF BIRTH: ____/____/____ RELATIONSHIP TO POLICY HOLDER: _____

STUDENT IS: _____ Single _____ Married _____ Divorced _____ Separated

IS STUDENT COVERED UNDER ANOTHER GROUP MEDICAL INSURANCE OR PRE-PAYMENT PROGRAM _____ Yes _____ No

IF YES, PLEASE LIST THE OTHER INSURANCE CARRIER AND POLICY NUMBER: _____

NAME AND ADDRESS OF SCHOOL WHERE STUDENT IS ENROLLED: _____

ANTICIPATED GRADUATION DATE _____

POLICY HOLDER AUTHORIZATION: I CERTIFY THAT THE DEPENDENT IS A FULL-TIME STUDENT AND THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND I AUTHOIRZE THE RELEASE OF ANY INFORMATION REQUESTED WITH RESPECT TO THIS CERTIFICATION.

Signature of Policy Holder (EMPLOYEE) Date

SCHOOL CERTIFICATION OF ENROLLMENT

The above-named student is enrolled for the school semester or quarter in a course of study that meets the curriculum requirements according to the school’s standards and practices. The Student is:

_____ Full Time _____ Part Time and began the school semester or quarter on _____

I hereby certify that, according to school records, the above information is correct.

Signature of Registrar or Other School Official Date

RETURN COMPLETED FORMS TO THE AKRON PUBLIC SCHOOLS BENEFITS OFFICE-10 NORTH MAIN STREET, Akron, Ohio 44308