

Western

FULL-TIME STUDENT STATUS REQUEST

Employer Group
Number:
Employer Name:

Date:
Re:
ID:

In order to continue health care coverage for the above-named dependent, the dependent must be a full-time student at a certified school/university. For verification of full-time status, please have the Statement of Enrollment (below) completed by the Registrar of the institution which your dependent is now attending. The completed form should be returned to PacifiCare within 30 days to ensure review and/or approval. If you are unable to get the form stamped by the Registrar's office, return the form along with a copy of your class schedule. At least 12 units per term (or equivalent, as determined by the specific institution, or as stated in the Subscriber Agreement to constitute full-time status) towards a degree are acceptable.

Thank you.

PacifiCare Membership Accounting Services Department

STATEMENT OF ENROLLMENT

This is to certify that _____ is
First M.I. Last

enrolled at _____ for the
Name of Institution

_____ semester/quarter which began on _____ and will end on
_____.

This student is enrolled for _____ units of course work, which does / does not (circle one) constitute full-time status at this institution.

Undergraduate

Graduate

Date

REGISTRAR'S SIGNATURE AND SEAL