

Full Time Student Verification Form

Employee and Student Information

Name of Employer: Michelin Name of Student: _____
Name of Employee: _____ Name of School: _____
Employee's Social Security Number _____

Instructions

The following information is required to determine eligibility under our group insurance plan and to process claims.

Verifications must be completed during the semester in which the child has become eligible. Pre-registrations cannot be accepted as proof of student status.

Please have your child sign and date the form and take this to the records office of his/her school. The records office should then fully complete the remainder of the form or attach certification documents.

This completed form should be submitted at the time a child turns 19 and is enrolled as a full-time student. This form is required at least once every calendar year (a new completed student verification will be required each January as eligibility for the previous year's verification ends Dec 31). Mail completed form to:

**Personnel Service Center
Post Office Box 77
Winston-Salem NC 27102**

Student Authorization to Release Information

I hereby authorize the release to and use by my health care providers any student information needed to process my claims.

Signature of Student

Date

Student's I.D. or Social Security Number

School Verification

Is, or was, the above named patient a full time student? [] Yes [] No If "Yes" we need to know:

- **SEMESTER YEAR** **INCLUSIVE DATES** **UNITS ENROLLED** **UNITS COMPLETED**

- How many units qualify a student as full time? _____
- During the student's enrollment is, or was, the student covered under the group insurance offered by the school?
[] Yes [] No
- If "Yes", please state the following:
a) the insurance involved: _____
b) your policy number: _____
c) the mailing address of the insurance company: _____

Authorized Signature and Title

Date