



CaliforniaChoice

Your Health. Your Choice.

For Medical and Dental PPO/EPO Enrollees Only

Full Time Student Verification

If you wish to include a dependent between the ages of 19 and 24 under your medical and/or dental coverage, you must submit this form documenting his or her status as a full-time student. "Full time" is considered to be college attendance with a minimum of 12 units, or enrollment in trade school. Failure to complete, sign and submit this verification may result in denial of service/claims submitted on behalf of the dependent.

Employee Last Name	<input type="text"/>
Employee First Name	<input type="text"/>
Employee Social Security Number	<input type="text"/>

Student's Name _____

Date of Birth _____

Name and Address of School _____

I hereby certify that the above dependent is currently enrolled as a full time student at the school listed above.

Employee Signature:	Date:
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Employer/CaliforniaChoice Use Only
Group #
<input type="text"/>