

For PPO Enrollees Only

Full Time Student Verification
(PPO 15, PPO 25, PPO 35 & PPO 2250)

This form is needed to validate eligibility under the group plan to determine student status when an employee wishes to cover dependent(s) aged 19 to 24. To be considered eligible, dependent children in this age category must be enrolled full time in college (minimum of 12 units) or trade school. This form must be completed and signed by the employee.

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| Employee Last Name |
| Employee First Name |
| Employee Social Security Number |

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 # |