

ProBenefits Administrators
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Amherst, NY 14226
Phone: 716-831-8171
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STUDENT STATUS VERIFICATION FORM

Date _____

Subscriber Name _____

Employer Name _____

ID # _____

Dependent Name _____

Address _____

Maximum Dependent Age _____

City, State, Zip _____

Maximum Student Age _____

Dear Subscriber,

In order to process claims under your current dental plan, we must verify that your dependent is a full-time student. Please check the applicable box below and return this form.

Presently a Full-Time Student registered for no less than 12 credit hours.

Accredited College or University Information

School Name _____

Student ID Number _____

Address _____

Expected date of Graduation _____

City, State, Zip _____

No longer a Full- Time Student

Subscriber signature _____

Date _____