

FULL-TIME STUDENT STATUS REQUEST FORM

Date: _____

Re: _____

I.D. #: _____

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. If you are unable to get the form stamped by the Registrar's office, return the form along with a copy of the class schedule. At least 12 units per term (or equivalent, as determined by the specific institution to constitute full-time status) toward a degree are acceptable.

Thank you.

Statement of Enrollment

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

is enrolled at _____
Name of Institution

for the _____ semester/quarter (circle one) which began on _____ and will end
Fall, Winter, Spring or Summer

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