

Student Verification

Please complete this form to ensure that accurate benefit eligibility is determined for your dependent.

THIS FORM MUST BE ACCOMPANIED BY A LETTER FROM THE ACCREDITED SCHOOL ADVISING FULL TIME STATUS.

GENERAL INFORMATION

Name of Subscriber: (Print - Last, First, & Middle Initial)		Subscriber Social Security Number:	Group Name: La. Clerks of Court Insurance Trust
Subscriber's Address: (Number, Street, City & Zip Code)			
Dependent's Name and Address:			Dependent's Birthday: _____ Month/Day/Year
Dependent's Relation to Subscriber:	Dependent's Martial Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	If dependent married, give marriage date: _____ Month/Day/Year	
Is dependent now covered under any other coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, furnish name of insurance company, policy number and certificate number below:	
Do you claim this dependent as an income tax exemption? <input type="checkbox"/> No <input type="checkbox"/> Yes		Carrier Name: _____	
		Policy Number: _____	
		Certificate Number: _____	
Is dependent employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> School Vacation Period Only			

STUDENT DEPENDENT CERTIFICATION

Dependent Social Security Number: _____
Name of School in which dependent is enrolled: _____
Address of School: _____
Telephone Number of School: _____
Type of School (i.e.; College, Trade, etc.): _____
Student considered: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hours (Note: Must be FULL TIME to qualify as a dependent.)
Date of school term: _____

I HEREBY REPRESENT THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND AUTHORIZE RELEASE OF ANY INFORMATION REQUESTED TO THIS CERTIFICATION.

Signature of Subscriber

Date

Please return this form to:

The Louisiana Clerks of Court Insurance Trust
11745 Bricksome Ave., Suite B-1
Baton Rouge, LA 70816

FOR INTERNAL USE ONLY

Information Verified: _____ Verified by: _____ Date Verified: _____