



Submit to:

MBA of MD, Inc.
3103 Emmorton Road
Abingdon, Maryland 21009

p 888.532.3467
f 800.591.9119

CERTIFICATION OF FULL-TIME STUDENT ELIGIBILITY

Please complete this form in "BLACK" ink only and print legibly

Our records indicate that one or more of your dependents are over the age of 19. In order for your dependent to remain on your coverage past this limiting age, please complete the certification below.

Employee Name: _____ Employee Social Security No

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SECTION I. DEPENDENT'S INFORMATION

Dependent's Name: _____ Dependent's Date of Birth: _____

Dependent's Sex: M / F _____ Dependent's Social Security No

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Do You Provide 50% of the Dependent's support? Yes / No _____ Relationship to Employee: _____

Does the Dependent reside with you? Yes / No _____ Dependent's Marital Status: _____ Single / Married / Divorced / Separated

I hereby certify that the information contained on this form is correct to the best of my knowledge and authorize the release of any information requested with respect to this certification.

Employee Signature: _____ Daytime Telephone Number: _____ Date: _____

SECTION II. STUDENT CERTIFICATION: School Official to complete this section if dependent is eligible based on student status (subject to the plan options selected by your employer)

School Name: _____ School Address: _____

Beginning and Ending Date of Current Semester: _____ to _____

Which Semester does this certification apply? _____ Fall / Spring _____ Is this Institution accredited? _____ Yes / No

Credit Hours per Current Semester (Classroom Hours per Week): _____

What is the student status as determined by the institution: _____ Full-time / Part-time

SUMMER SESSIONS

Is Student currently enrolled for a summer session? _____ Yes / No

If Yes, Did Student Attend Spring Semester Preceding Break? _____ Yes / No

Is Student Enrolled for the Fall Semester? _____ Yes / No

I hereby certify that the above information is correct to the best of my knowledge.

Signature of School Official: _____ Daytime Telephone Number: _____ Date: _____

Please note: the member must complete the top portion of this form and attach a letter from the College Registrar's office. Please be advised that the letter from the College Registrar office must be on official school stationery and be signed by the School's Administrative office or Registrar office. The information must state the dependent's name, and indicates that the dependent is a full-time student for the **Current** semester. You may also attach documentation of payment on official school stationery showing the **PAID** Full-time tuition that states the dependent's name and states that this dependent is a full-time student for the **Current** semester.

We will not accept a copy of an unpaid tuition bill as verification of full-time student status.