



FULL TIME STUDENT VERIFICATION FORM

In order to continue health care benefits for your child, you will need to submit verification of full time student status. Verification can be submitted on school letterhead in the form of a bursar's receipt, class schedule, letter from the registrar's office, or by having the registrar's office complete the form below. The verification should be returned to the following address:

GILSBAR, INC.
Attention: Administration
P.O. Box 998
Covington, LA 70434

You may also fax the completed form to **985-871-1855**

Verification will be required for each school semester or quarter that your child is enrolled. Please call 1-800-445-7227 if you have any questions.

Group Name: _____

Employee Name: _____

Dependent Name: _____

Member ID #: _____

This is to certify that the above named dependent is currently registered as a full-time student as follows:

_____ Spring Semester or Quarter of _____

_____ Fall Semester or Quarter of _____

_____ Summer Semester or Quarter of _____

School Name: _____

School Address: _____

Admissions Director/Registrar Signature: _____

Date: _____

Telephone: _____