

Full-Time Student Verification Form

Employer: **Frisco ISD**

Plan Number: **9162**

Employee's Name: _____

Employee's SS#: _____

Student's Name: _____

In order to consider any medical claims that may arise for the above-named student, please have the following information completed by the Registrar at the school where this dependent is enrolled as a full-time student:

Name, Address, & Phone Number of University/College:

- Number of hours University/College considers as full-time status: _____
- Number of hours this student is currently enrolled: _____
- Date of current enrollment: _____
- Date of original enrollment: _____
- Please advise all dates that this student has been enrolled as a full-time student:

- Is this student an active participant of the school-sponsored health plan? If so, please provide the name, address, and policy number:

Date: _____ Registrar's Signature: _____

Mail or Fax to:
Group Resources, Inc.
Attn: JeriCash
P.O. Box 100043
Duluth, GA 30096-9343 Fax (770) 814-0351