

STUDENT VERIFICATION FORM

A student age 19 or over must be attending school full-time to be eligible for coverage under the State of West Virginia Public Employee Benefit Plan. This form or the form the school customarily uses must be completed by an admission officer/registrar of the school or university. If the school's form is used, please include the insurance policy social security number on the form. The form(s) should be returned to:

Public Employees Insurance Agency
1900 Kanawha Boulevard, East
Building 5, Room 1001, Capitol Complex
Charleston, WV 25305
Office Telephone No. 1-888-680-7342 Toll-Free
Fax: 1-304-558-2516 or Fax Number: 1 866 583-1092 Toll-Free

Section 1: TO BE COMPLETED BY THE EMPLOYEE

Employee Name _____ Policyholder ID Number _____

Address _____
Street City State Zip

Signature _____
Date _____

Section 2: TO BE COMPLETED BY STUDENT

Student Name _____ Student SSN _____

School Name _____

Address _____
Street City State Zip

Institution you attended prior to enrollment? _____

Last date of attendance at former institution? _____

Section 3: TO BE COMPLETED BY ADMISSION OFFICE/REGISTRAR

Was this student registered full-time previously at this institution? () Yes () No

If so, please indicate date of enrollment or latest semester full-time semester: _____

Student is now attending? () Fall Semester () Spring Semester () ____ Quarter Year: 20 ____

Is Student attending on a full-time basis? () Yes () No Number of Hours _____

Anticipated Graduation Date _____ Graduate or Undergraduate _____

Signature of Admission Officer/Registrar _____

Title _____ Date _____