

**LAKE ERIE REGIONAL COUNCIL
EMPLOYEE PROTECTION PLAN**

Please Return Form to:
**Lake Erie Regional Council
1885 Lake Avenue
Elyria, Ohio 44035**

STUDENT VERIFICATION

To the Policyholder:

The Lake Erie Employee Protection Plan must have verification of full-time student status or IRS dependency status in order to provide coverage for dependents over the age of 19. Full-time student status qualifies as IRS dependency status. To improve and expedite service, both you and your dependent student must sign the completed form. In addition, it is necessary for the student to get a signed confirmation from the school in the section provided below. Once this form has been completed, please forward it to the Lake Erie Employee Protection Plan. If your dependent is not a full-time student, but qualifies under another IRS qualifier, please contact the LEEP office.

1. Policyholder's Employer: _____ Group Number: *(From your Medical Mutual of Ohio Card)* _____

2. Policyholder's Name: _____ Certificate Number: *(From your Medical Mutual of Ohio Card)* _____

3. Student's Name: _____ Social Security Number: _____

Address: _____
Number and Street City State Zip

4. Student's Birthday: _____ - _____ - _____ 5. Relationship to policyholder: _____

6. Student is: Single Married Divorced Separated

7. Is student employed? Yes No If Yes, Full-time Part-time School Vacation Period Only

Name and address of employer: _____

8. Is student covered under any other group medical insurance or pre-payment program? Yes No

If yes, identify the other insurance carrier: _____ Policy Number: _____

Policyholder: _____

9. Full name and address of school in which student is enrolled: _____

I AUTHORIZE THE ABOVE NAMED SCHOOL TO VERIFY AND/OR RELEASE ANY INFORMATION NECESSARY TO CONFIRM MY FULL-TIME ATTENDANCE AT THE SCHOOL FOR THE PURPOSE OF ESTABLISHING MY STUDENT STATUS.

Signature of Student / Date

I CERTIFY THAT THE DEPENDENT IS A FULL-TIME STUDENT AND THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND AUTHORIZE RELEASE OF ANY INFORMATION REQUESTED WITH RESPECT TO THIS CERTIFICATION.

Signature of Policyholder / Date

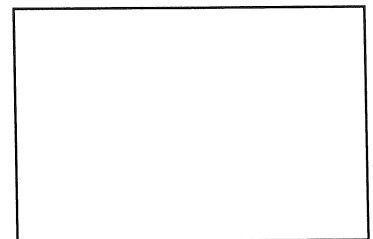
- SCHOOL CONFIRMATION -

Please confirm whether the above-named student is enrolled at your institution by checking the appropriate item(s) below: FOR SCHOOL YEAR _____

The individual identified above: is a full-time student is a part-time student

Signature of Registrar or Other School Official / Date

SCHOOL STAMP



OFFICE USE ONLY

DATE SIGNATURE