



STUDENT VERIFICATION FORM

A student must be attending school full-time to be eligible for coverage under the West Virginia Public Employees Insurance Agency's benefit plan. This form must be completed by the admissions officer/registrar of the school your child is attending. Return the completed form to:

WVU DEPT. OF HUMAN RESOURCES
BENEFITS OFFICE
PO BOX 6640
MORGANTOWN, WV 26506-6640

Section 1: TO BE COMPLETED BY THE POLICYHOLDER

Policyholder Name _____ SS Number _____ - ____ - ____

Address _____
Street City State Zip

Signature _____ Date _____

Section 2: TO BE COMPLETED BY ADMISSIONS OFFICER/REGISTRAR

Student Name _____ SS Number _____ - ____ - ____

School Name _____

Address _____
Street City State Zip

What school did student attend prior to enrollment in your institution?

Last date of attendance? _____

On what date did student enroll in your institution? _____

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 _____ Degree _____

Signature of Admission Officer/Registrar _____

Title _____ Date _____