



# CHURCH OF THE BRETHREN INSURANCE SERVICES

A not-for-profit ministry of Church of the Brethren Benefit Trust Inc.  
1505 Dundee Avenue • Elgin, Illinois 60120-1619  
800-746-1505 • 847-695-0200 • Fax 847-742-6336  
insurance@cobbt.org • www.bbtinsurance.org

## Student Verification (Dependent child life insurance)

### ACCOUNT INFORMATION

Group Name \_\_\_\_\_ Group Agreement Number \_\_\_\_\_

Primary Plan Member Name: \_\_\_\_\_

Primary Plan Member Address: \_\_\_\_\_

Dependent Child Name: \_\_\_\_\_

After age 20, life insurance coverage for a dependent child may continue up to age 26 if that child is **unmarried** and enrolled as a full-time student at a college or other school. The child must also be financially dependent on the Primary Plan Member for support.

Please use this form to verify your child's student status. Brethren Insurance Services is required to verify eligibility each semester using the information on this form. Failure to provide complete and accurate information may result in cancellation of coverage. Send the completed form to —

**Brethren Insurance Services, 1505 Dundee Ave, Elgin, IL 60120**  
**Fax: 847-742-6336**  
**insurance@cobbt.org**

If you have any questions, please contact **Connie Sandman** at **800-746-1505, ext. 366.**

### STUDENT VERIFICATION INFORMATION

Dependent Child is not a full-time student. Date member was no longer a student: \_\_\_\_\_  
(Coverage will be terminated according to the terms of the group contract.)

Dependent Child is a full-time student at a college or other school:

Dependent Child is:  Single  Married

Eligible Dependent Name (Student) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of College or Other School: \_\_\_\_\_ Date Current Semester Began \_\_\_\_\_

Address of College or Other School: \_\_\_\_\_

No. of Hours Enrolled \_\_\_\_\_ Graduation Date (if known) \_\_\_\_\_ Phone No. of College or Other School \_\_\_\_\_

Primary Plan Member Signature \_\_\_\_\_ Date: \_\_\_\_\_