



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. 3366**.

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: _____