

INSURANCE DESIGN ADMINISTRATORS  
153 Bauer Drive / P.O. Box 470, Oakland, NJ 07436

EMPLOYER/GROUP NAME \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ SS# \_\_\_\_\_

**STUDENT VERIFICATION INFORMATION**

In order to enroll or update our records for your student aged dependent we will need to receive verification of full-time student status. If your dependent's effective date with this Plan is between January 1 and August 31, please submit verification for the Spring semester. If your dependent's effective date with this Plan is between September 1 and December 31, please submit verification for the Fall semester.

If your child is not a full-time student and is therefore not eligible to be covered under this Plan, he or she may still be eligible to continue coverage. Contact your Employer's Benefits Administrator for more information.

Please arrange to have the student verification information submitted at the time of enrollment, or as requested per semester, sent to the following address:

Insurance Design Administrators  
P.O. Box 470  
Oakland, NJ 07436  
Attention: Enrollment Department

Thank you for your assistance.

If you have any questions, please call the IDA Enrollment Department at 1-800-225-1345.

Sincerely,

Enrollment Department  
Insurance Design Administrators

**TO BE COMPLETED BY AN ACCREDITED EDUCATIONAL INSTITUTION**

\_\_\_\_\_  
**NAME OF SCHOOL**    **ADDRESS**

\_\_\_\_\_  
**NAME OF STUDENT**    **SS#**

\_\_\_\_\_  
**PHONE**

Is registered as a \_\_\_ full-time \_\_\_ part-time student for the \_\_\_\_\_ 20\_\_\_ semester  
which begins on \_\_\_\_\_ 20\_\_\_ and ends on \_\_\_\_\_ 20\_\_\_.

\_\_\_\_\_  
**REGISTRAR'S SIGNATURE**    **SCHOOL SEAL**

\_\_\_\_\_  
**DATE**