



NCCFT STUDENT STATUS – REQUEST FOR INFORMATION

TO BE COMPLETED BY THE INSURED

Name of Dependent Student: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Insured's Social Security Number: \_\_\_\_\_

Name of Insured's Employer: \_\_\_\_\_

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Proof of Student Status is required to process claims for services rendered between:

January 1st and August 31<sup>st</sup>

Spring Semester For the Year

September 1st and January 31st

Fall Semester For the Year

Note: Proof of Student Status is required for each period during which services are rendered and must be continuous starting at age 19

**Please note: We can only accept student status verification for the current or prior semester(s). Pre-registration forms, tuition bills, class schedules, report card & student I.D. cards, official transcripts and unofficial transcripts will not be accepted. Any form for the current semester must be completed after your dependent child starts classes.**

METHOD A –

YOU MAY VERIFY FULL-TIME STUDENT STATUS BY USING THIS FORM OR BY OBTAINING CERTIFICATION ONLINE AT [WWW.STUDENTCLEARINGHOUSE.COM](http://WWW.STUDENTCLEARINGHOUSE.COM). IF YOU OBTAIN CERTIFICATION THROUGH THE CLEARINGHOUSE, PRINT IT AND RETURN IT TO US. TO ASSIST US IN PROCESSING, PLEASE INCLUDE THE MEMBER NAME AND SOCIAL SECURITY NUMBER, OR SIMPLY ATTACH THE CERTIFICATION TO THIS FORM.

-OR-

METHOD B –

TO BE COMPLETED BY THE ACCREDITED EDUCATIONAL INSTITUTION

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Who is registered as a FULL-TIME \_\_\_ or PART-TIME \_\_\_ student (Please check one)

For the Fall, \_\_\_\_\_ or Spring, \_\_\_\_\_ semester which (Please enter Year)

Begins \_\_\_/\_\_\_/\_\_\_\_\_ and ends \_\_\_/\_\_\_/\_\_\_\_\_ (Please enter Month/Day/Year)

Expected date of graduation: \_\_\_/\_\_\_ (Please enter Month/Year)

**INCLUDE OFFICIAL SCHOOL STAMP/SEAL**

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