

STUDENT STATUS ELIGIBILITY FORM

If your dependent child is an **out of area, full time student**, please complete the school section of this form or submit a copy of the schedule or class receipt from an accredited college, university or trade school.

Employee Section	
Associate Name:	Associate SS#:

Student Section	
Student Name:	
Student Date of Birth:	Student SS#:

School Section	
College/University/Trade School Name:	
College/University/Trade School Address:	
This certifies that the above student is currently enrolled in our institution. The student is taking a total of _____ hours which is equivalent to ___ full-time or ___ part-time status (check one). This certification is for the period beginning _____ (first day of classes) ending _____ (last day of classes). Anticipated date of graduation is _____.	
Registrar's Authorized Signature	Date

Please mail to:
Scott & White Health Plan
Att: Membership Department
2401 S. 31st Street Temple, TX 76508
Customer Service (877) 819-9171
FAX (254-298-3199)