

# J. J. STANIS AND COMPANY, INC

377 Oak Street, Suite 406  
Garden City, New York 11530

## STUDENT STATUS REQUEST

In order to consider benefits for your dependent child we require the following information as verification of full-time Student Status. If a dependent child willingly becomes ineligible for coverage as a full-time student, they will not be eligible to receive benefits until the day they return to school on a full-time basis.

PROOF OF STUDENT STATUS is required to process claims for services rendered between:

**February 1<sup>st</sup> through August 31<sup>st</sup>**  
**September 1<sup>st</sup> through January 31<sup>st</sup>**

**Spring Semester for the Year: \_\_\_\_\_**  
**Fall Semester for the Year: \_\_\_\_\_**

NOTE: PROOF OF STUDENT STATUS is required for EACH period during which services are rendered.

*PLEASE NOTE: WE CAN ONLY ACCEPT STUDENT STATUS VERIFICATION FOR THE CURRENT OR PRIOR SEMESTER(S). PRE-REGISTRATION FORMS, TUITION BILLS, CLASS SCHEDULES, TRANSCRIPTS AND STUDENT IDENTIFICATION CARDS WILL NOT BE ACCEPTED. ANY FORM FOR THE CURRENT SEMESTER MUST BE COMPLETED AFTER YOUR DEPENDENT CHILD STARTS CLASSES.*

The following information is required. Parts A and B must be completed in full. PLEASE PRINT

<b>Part A: TO BE COMPLETED BY THE INSURED</b>					
Please check all coverages that apply for this dependent: (For plans administered by J. J. Stanis and Company, Inc)	Medical	Dental	Excess Dental	Vision	Excess Major Medical
Name of Dependent Student					
Student's Social Security Number					
Name of Insured <b>(Required)</b>					
Insured's Social Security Number <b>(Required)</b>					
Name of Insured's Employer <b>(Required)</b>					
Signature of Insured				Date	

<b>Part B: TO BE COMPLETED BY THE ACCREDITED EDUCATIONAL INSTITUTION</b>
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/year) Expected date of graduation: ____/____/____ (please enter month/year)
Signature of Registrar or Bursar _____ Date: _____
<b>Imprint School Seal Below (REQUIRED)</b>

**Please return this completed form to: J. J. Stanis and Company, Inc. 377 Oak Street, Suite 406, Garden City, NY 11530. To access additional Student Status forms, please visit our website at: [www.jjstanisco.com](http://www.jjstanisco.com)**