



**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 dependent children over the age of 19:  
 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, 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.ORG](http://WWW.STUDENTCLEARINGHOUSE.ORG). IF YOU OBTAIN CERTIFICATION THROUGH THE CLEARINGHOUSE, PRINT IT, ATTACH TO THIS FORM AND RETURN TO US.**

**-OR-**

**METHOD A –**

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

Name of School:			
Name of Student:			
Student is registered as (circle):	Full-Time	Part-Time	
Semester (Please enter year)	Start Date:		End Date:
Expected Date of Graduation			

**INCLUDE OFFICIAL SCHOOL STAMP/SEAL**

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