

STUDENT VERIFICATION FORM

A student must be attending school full-time to be eligible for coverage under the State of West Virginia Public Employee Benefit Plan. This form must be fully completed by an admission office/ registrar of the school or university and returned to:

INSURANCE DEPARTMENT
RALEIGH COUNTY SCHOOLS
105 ADAIR STREET
BECKLEY WV 25801

TO BE COMPLETED BY THE EMPLOYEE

Employee Name _____ SS No. _____

Address _____
Street City State Zip

Signature _____ Date _____

TO BE COMPLETED BY ADMISSION OFFICER/REGISTRAR

Student Name _____ SS No. _____

School Name _____

Address _____
Street City State Zip

What institution did student attend prior to enrollment?

Last date of attendance? _____

On what date did student enroll in your institution? _____

Student is now attending? [] Fall Semester [] Spring Semester Year: 20 _____

Is student attending on a full-time basis? [] Yes [] No Number of hours _____

Anticipated Graduation Date _____ Degree _____
Month Year

Signature of Admission Officer/Registrar _____

Title _____ Date _____