



Date: _____

TO THE PARENTS OF:

RE: Dependent Eligibility

Dear Member:

Our records indicate your child is over the age of 19. According to the guidelines of your plan, a dependent child is eligible for coverage between the ages 19 and 25 if they are enrolled and attending an accredited college or university as a full time student. In addition, this dependent must be unmarried and primarily dependent upon you for support and maintenance. PRIMARILY DEPENDENT means you claim them as a tax deduction with the IRS. You may contact Cindy Blackshere to verify eligibility at 1(800) 521-1711 ext. 5157 or by e-mail at cblackshere@kemptongroup.com.

Please complete the information below and return it to our office by mail or fax to (405) 556-6257. We must have this information even if your child is not a full time student because we are required to offer them continuation under your Plan (COBRA).

This statement is to verify that _____ is currently enrolled at _____ for the _____ semester as a full time student.

Signed _____ Dated _____

Is this dependent married? YES/NO If YES, date married _____

If not a full time student, please give date last attended as a full time student _____.

Student's Social Security number _____

Student's current mailing address:
