



**Law Enforcement
Health Benefits, Inc.**
2233 Spring Garden Street
Philadelphia, PA 19130
Thomas J. Lamb, Administrator

STUDENT VERIFICATION FORM

STUDENT'S NAME _____ DATE OF BIRTH _____

SCHOOL _____ EXPECTED GRADUATION DATE _____

MEMBER'S NAME _____

I hereby certify that the above-named dependent is a full-time student in good standing.

If a change in status occurs I will notify L.E.H.B. immediately at (215) 763-8290. I understand that

my dependent is eligible for these benefits because he/she is attending school full-time and therefore any change regarding his/her full-time status will result in an immediate termination of benefits for this dependent. If any benefits are received while my dependent is NOT a full-time student and/or over the age of 19, I will be responsible for payment on those bills to L.E.H.B.

This letter will certify that the students coverage be extended over the month(s) of any school break as long as the dependent returns as a full-time student the following semester. I understand that if I do not have the required form completed I will be responsible for any payments that have been made.

MEMBER'S SIGNATURE _____ DATE _____

TO BE COMPLETED BY SCHOOL REGISTRAR'S OFFICE

The above named student is currently enrolled as a full-time student (12 credits) in good standing for the:

Official School Seal _____ Fall Semester _____ Year

_____ Spring Semester _____ Year

Signature _____ Date _____

REGISTRAR

This form and all accompanying documents must be sent to:
Law Enforcement Health Benefits, Inc.
2233 Spring Garden Street
Philadelphia, PA 19130
Attn: Kristin

<p>FOR OFFICE USE ONLY DATE REC'D _____ PROCESSED BY _____ SEMESTER ENTERED _____ UPDATED UNTIL _____</p>
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