

FULL TIME VERIFICATION DATA SHEET

Employee Name –

Employee ID# -

Employee DOB -

Dependent Name –

Dependent ID# -

Dependent DOB

Please find attached **ONE of the following documents to support full time student status.**

☐ Registrar's Letter

☐ Copy of Schedule (12+CREDITS)

Please update the following coverages:

☐ BC/BS Medallion

☐ BC/BS PPO

☐ BC/BS HMO

☐ Aetna

☐ Prescription

☐ Traditional Dental

☐ Dental Choice

☐ VSP

Please return to Denise Suro at Brotherhood – Ph (609)-893-8141 x1020 Fax (609)-894-2247

Email - dsuro@pemb.org