



J.J. STANIS
& COMPANY, INC.

J.J. STANIS AND COMPANY, INC

377 OAK STREET, SUITE 406 GARDEN CITY, NY 11530

PHONE: (516) 465-3900 FAX#: (516) 465-3920 WEBSITE: WWW.JJSTANISCO.COM

Student Status Request

In order to consider benefits for your dependent child we require the following information as verification of full- time Student Status. If a dependent child willingly becomes ineligible for coverage as a full-time student, they will not be eligible to receive benefits until the day they return to school on a full-time basis.

PROOF OF STUDENT STATUS is required to process claims for services rendered between:

**February 1st through August 31st
September 1st through January 31st**

**Spring Semester for the Year: _____
Fall Semester for the Year: _____**

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, TRANSCRIPTS AND STUDENT IDENTIFICATION CARDS WILL NOT BE ACCEPTED. ANY FORM FOR THE CURRENT SEMESTER MUST BE COMPLETED AFTER YOUR DEPENDENT CHILD STARTS CLASSES.

The following information is required. Parts A and B must be completed in full. PLEASE PRINT

Part A: TO BE COMPLETED BY THE INSURED					
Please check all coverages that apply for this dependent: (For plans administered by J. J. Stanis and Company, Inc)	Medical	Dental	Excess Dental	Vision	Excess Major Medical
Name of Dependent Student					
Student's Social Security Number					
Name of Insured (Required)					
Insured's Social Security Number (Required)					
Name of Insured's Employer (Required)					
Signature of Insured				Date	

Part B: TO BE COMPLETED BY THE ACCREDITED EDUCATIONAL INSTITUTION	
Name of School: _____	
Name of Student: _____ who is registered as a FULL-TIME _____ or PART-TIME _____ student (please select one) for the Fall, _____ or Spring, _____ semester which (please enter year) begins ____/____/____ and ends ____/____/____ (please enter month/year) Expected date of graduation: ____/____/____ (please enter month/year) Signature of Registrar or Bursar _____ Date: _____ Imprint School Seal Below (REQUIRED)	

Please return this completed form to: J. J. Stanis and Company, Inc. 377 Oak Street, Suite 406, Garden City, NY 11530. To access additional Student Status forms, please visit our website at: WWW.JJSTANISCO.COM