CONSUMERS LIFE INSURANCE COMPANY™
A MEDICAL MUTUAL OF OHIO® Company
health plans for life

Please return form to
Attn: Membership Department
Consumers Life Insurance Company
P.O. Box 943
Toledo, OH 43656-0001

STUDENT CERTIFICATION

To the Policyholder:

Consumers Life Insurance Company must have verification of full-time student status in order to provide coverage for dependent students of policyholders. To improve and expedite service, both you and your dependent student must sign the completed form. In addition, it is necessary for the student to get a signed confirmation from the school in the section provided below. Once this form has been completed, please forward it to the Membership Department at Consumers Life Insurance Company.

1. Policyholder's Employer: _____ Group Number: _____
2. Policyholder's Name: _____ Identification Number: _____
3. Student's Name: _____ Social Security Number: _____

   Address: _____
   Number and Street City State Zip
4. Student's Birthday: _____ - _____ - _____ 5. Relationship to policyholder: _____
6. Student is: ☐ Single ☐ Married ☐ Divorced ☐ Separated
7. Is student employed? ☐ Yes ☐ No If Yes, ☐ Full-time ☐ Part-time ☐ School Vacation Period Only

   Name and address of employer: _____
8. Is student covered under any other group medical insurance or pre-payment program? ☐ Yes ☐ No

   If yes, identify the other insurance carrier: _____ Policy Number: _____

   Policyholder: _____
9. Full name and address of school in which student is enrolled: _____

   _____

   _____

I AUTHORIZE THE ABOVE NAMED SCHOOL TO VERIFY AND/OR RELEASE ANY INFORMATION NECESSARY TO CONFIRM MY FULL-TIME ATTENDANCE AT THE SCHOOL FOR THE PURPOSE OF ESTABLISHING MY STUDENT STATUS.

_____ / _____
Signature of Student Date

I CERTIFY THAT THE DEPENDENT IS A FULL-TIME STUDENT AND THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND AUTHORIZE RELEASE OF ANY INFORMATION REQUESTED WITH RESPECT TO THIS CERTIFICATION.

_____ / _____
Signature of Policyholder Date

– SCHOOL CONFIRMATION –

SCHOOL STAMP

Please confirm whether the above-named student is enrolled at your institution by checking the appropriate item(s) below:

The individual identified above: ☐ is a full-time student ☐ is a part-time student

_____ / _____
Signature of Registrar or Other School Official Date

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