

# Humana Benefit Plan of Illinois

## Student Verification

*If you have sent us your dependent's student verification letter, please disregard this notice.*

Our records indicate the above referenced member is approaching age 19. Verification of student status is required for dependents age 19 or older. Please answer the questions below based on this dependent's status as of the date shown above and return the form to:

**Humana Benefit Plan of Illinois  
Group Services Department  
P.O. Box 10040  
Peoria, IL 61654**

1. Is student: *(circle one)*    Full-time    Part-time    No longer a student
2. Choose: *(circle one)*    Fall    **or**    Spring
3. Name and address of school in which dependent is enrolled:

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**You must notify your employer's Human Resources Department within 30 days if the dependent withdraws from school, graduates, or no longer qualifies as a full time student.**

I hereby certify that the above information is correct to the best of my knowledge and belief, and I understand that my membership or my dependents membership may be terminated if I have intentionally provided false information on this form.

\_\_\_\_\_  
Signature of Subscriber

\_\_\_\_\_  
Date

If you have questions or concerns, please contact our Member Services Department at (309) 677-8222 or toll free at (800) 673-5222. For the hearing impaired our TTY number is (888) 817-0139.