



**Name:**  
**Address:**  
**City/State/Zip:**

**Date:**

**ID#:**  
**Group#:**

Dear

Under your health insurance plan, dependents of the age 19 and older are not covered unless they are Full Time Students. Since your dependent is turning 19 this month, Full Time Student information is required in order to process their claims. Please attach a **CLASS SCHEDULE, GRADE CARD, OR LETTER FROM THE ACCREDITED SCHOOL'S REGISTRAR** which includes the **NUMBER OF CREDIT HOURS TAKEN, CURRENT SEMESTER, NAME OF SCHOOL AND STUDENT'S NAME** to this letter. In order to continue coverage without interruption, your dependent's full time student status must be submitted every Fall, Spring, and Summer.

**Student Name:**

**Term:**

**PLEASE BE ADVISED:** IF WE DO NOT RECEIVE THIS INFORMATION FROM YOU WITHIN THE SEMESTER, ANY CLAIMS RECEIVED WILL BE DENIED AND WILL REMAIN YOUR RESPONSIBILITY.

If you have any questions, please contact Medical Network Eligibility by going to [www.mymednet.com](http://www.mymednet.com) and select **Contact Us**, then **Email**.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Sincerely,

Lisa Stevens  
Eligibility & Enrollment Specialist  
[Lisa.Stevens@memhospcs.org](mailto:Lisa.Stevens@memhospcs.org)