



Name:
Address:
City/State/Zip:

Date:

ID#:
Group#:

Dear

In order to process your claims, we have changed the steps we use to gather Full Time Student information. To maintain coverage for your dependent over the age of 19, 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. 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 and select **Contact Us**, then **Email**.

Date: _____

Signature: _____

Sincerely,

Lisa Stevens
Eligibility & Enrollment Specialist
Lisa.Stevens@memhospcs.org