

**[ ] MBA**  
P.O. Box 651109, Salt Lake City, Utah 84165-1109  
Phone:(801) 268-3334 800-877-3727  
Fax:(801) 268-3335

**RETURN INFORMATION  
AS SOON AS POSSIBLE**

\*DATE \_\_\_\_\_  
DATE \_\_\_\_\_

Second Request

Policy #: \_\_\_\_\_  
Employee: \_\_\_\_\_  
SS#: \_\_\_\_\_  
Dependent: \_\_\_\_\_

**STUDENT STATUS VERIFICATION**

To the Registrar of \_\_\_\_\_:

I hereby authorize \_\_\_\_\_ to release to **MBA** information regarding the classes and units carried by \_\_\_\_\_ (SS# \_\_\_\_\_) at the above named school.

- | _____   | _____ |
|---|-------|
| Insured Individual  | Date  |
| 1. Is _____ enrolled and recorded as a full-time student during this Semester? <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| 2. Was he/she enrolled last Semester? <input type="checkbox"/> Yes <input type="checkbox"/> No  |       |
| 3. How many units are and were carried? This Semester _____<br>Last Semester _____  |       |
| 4. How many units constitute a full-time student at your institution? _____   |       |
| 5. This Quarter/Semester begins on _____ and will end on _____.   |       |

\_\_\_\_\_ **Registrar** \_\_\_\_\_ **Date**

\* First Request Date. Claim will be placed in **inactive file** if reply is not received in 2 weeks from the Second Request Date.