
FULL-TIME STUDENT STATUS VERIFICATION

DATE: _____

GROUP NAME: _____

MEMBER NAME: _____

MEMBER ID NUMBER: _____

STUDENT NAME: _____

This is to verify that _____ is enrolled as a full time student from:

_____ (date) to _____ (date)

with _____ College/University.

Signature of Parent or Guardian

Date

Send this document and a copy of the student's current semester class schedule to:
PAI, P.O. Box 6702, Columbia, SC 29260 for processing, or fax to: **803-870-8060**.

Note: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person submits an insurance application or statement of claim containing any materially false, incomplete or misleading information may be committing a crime and may be subject to civil or criminal penalties.

