



CHRISTIAN BROTHERS SERVICES

1205 Windham Parkway
Romeoville, IL 60446-1679

Employee Benefit Services
630.378.2900 • 800.807.0400 • 630.378.2504 fax
info@cbservices.org • cbservices.org

RE:

ID:

DOB:

Please complete the following so that we may verify dependent eligibility.

1. Is the dependent married? _____YES _____NO
2. Does the dependent attend school full time for SPRING _____ (year) and/or FALL _____ (year) semester? _____YES _____NO (# credit hrs. _____)

If yes, please provide the following:

Name of School: _____

Telephone # of School: _____

Social Security # of Student: _____

3. Does the dependent have coverage from any other source? _____ YES _____NO.

If yes, please provide details:

We do not wish to delay payment of claims submitted to our office. We must verify full time status and, since many schools will not verify status to us by telephone, we are asking for your assistance. Please provide our office with a copy of this student's semester registration or request the college or university to provide our office with full time status certification.