

# STUDENT VERIFICATION FORM

A student must be attending school full-time to be eligible for coverage under the State of West Virginia Public Employee Benefit Plan. This form must be completed by an admission office/registrar of the school or university and returned to:

**Public Employees Insurance Agency  
1900 Kanawha Boulevard, East  
Building 5, Room 1001, Capitol Complex  
Charleston, West Virginia 25305**

## TO BE COMPLETED BY THE EMPLOYEE

Employee Name \_\_\_\_\_ SS Number \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Signature \_\_\_\_\_ Date \_\_\_\_\_

## TO BE COMPLETED BY ADMISSION OFFICER/REGISTRAR

Student Name \_\_\_\_\_ SS Number \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

What institution did student attend prior to enrollment?  
\_\_\_\_\_

Last date of attendance? \_\_\_\_\_

On what date did student enroll in your institution? \_\_\_\_\_

Student is now attending? [ ] Fall Semester [ ] Spring Semester Year: 20 \_\_\_\_\_

Is student attending on a full-time basis? [ ] Yes [ ] No Number of hours \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_ Degree \_\_\_\_\_  
Month Year

Signature of Admission Officer/Registrar \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_