

Student Document Verification Form

PO Box 2727

Houston, TX 77252

Phone: 800.207.9224 Fax: 713.369-0703

Dear Subscriber:

Your dependent child has reached the age limitation requiring verification that he or she is registered as a full-time student, attending an accredited college and currently taking at least 12 credits.

All outstanding claims will be reprocessed upon receipt of this form and any other information requested. The dental office does not need to resubmit any claims.

This form is required to be filled out at the beginning of every Fall and Spring semester to minimize delay of processing any claims.

Return this form by fax or mail to our Administration Department at the address above.

EMPLOYEE INFORMATION

Last Name: _____ First Name: _____ ID Number _____

Address: _____ City: _____ State: _____ Zip: _____

Employer Name: _____ CONFIDENT Group Number: _____

DEPENDENT INFORMATION

Last Name: _____ First Name: _____ Dependent Date of Birth: _____

Name of College: _____ College Phone Number: _____

Semester: Fall or Spring (circle one) Year: _____ Number of Credits: _____

SIGNATURE

By signing this form, I attest that all information is complete and accurate. I authorize EPSI – CONFIDENT to contact the college for further verification if necessary. If the above information should change, I will inform EPSI – CONFIDENT immediately.

Subscriber's Signature: _____ Date: _____

Print Name: _____

Dependent Signature: _____ Date: _____

Print Name: _____