



R H ADMINISTRATORS, INC.
5502 58TH STREET, SUITE 700
LUBBOCK, TEXAS 79414
(806) 794-0844 - Voice
(806) 784-3555 or (806) 784-3556 - Fax

Group Name: _____

Group Number: _____

Employee Name: _____

Policy I.D. Number: _____

Student: _____

STUDENT VERIFICATION FORM

We must determine dependent eligibility under your group insurance policy. We require the following information to be completed by the registrar's office:

SEMESTER/QUARTER	YEAR	ENROLLED UNITS	COMPLETED UNITS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is the student considered to be a full-time student? Yes _____ No _____

Name and address of University _____

Authorized Signature: _____

Position/Title: _____

*****SEAL MUST BE AFFIXED TO BE OFFICIAL*****