Avera Health Plans

3816 S. Elmwood Avenue, Suite 100
Sioux Falls, SD 57105-6538
Phone: (605) 322-4545
Toll Free: 1 (888) 322-2115
Fax: (605) 322-4689
www.AveraHealthPlans.com

Student Verification Form

Section 1 – To be completed by subscriber

Student Name: _____ Subscriber #: _____

Date of Birth: _____ Group #: _____

Subscriber Name: _____

Is your dependent a **full-time** student for the current semester? ____Yes ____No

If Yes, the School Registrar must complete Section 2.

If No, state reason: _____Graduation Date: ____/____/____

_____Marriage Date: ____/____/____

_____Other Date: ____/____/____

Subscriber Signature: _____ Date: ____/____/____

Section 2 – To be completed by the registrar's office

Is the student listed above enrolled **full-time** for the current semester? ____Yes ____No

If Yes, Semester Start Date: ____/____/____

Semester End Date: ____/____/____

Anticipated Graduation Date: ____/____/____

If No, when did the student terminate full-time student status? Date: ____/____/____

Name of School: _____

Address (City, State and Zip Code): _____

Telephone: (_____) _____ - _____

Is this an accredited school? ____Yes ____No

CERTIFICATION

I certify that the school information stated above is true and correct.

Registrar Signature: _____ Date: ____/____/____

Official Seal Required

Mail the completed form to Avera Health Plans at the address above or fax to (605) 322-4689.
Our Service Center is available Monday through Friday, 8 a.m. to 5 p.m., CT
at (605) 322-4545 or toll-free at 1 (888) 322-2115