



Complete and return this form to:

**Mail:** SHP Account Services  
4417 Corporation Lane  
Virginia Beach VA 23462

**Fax:** 757-552-7574

### ***Verification of Student Eligibility***

**Subscriber Name:** \_\_\_\_\_

**Group Name:** \_\_\_\_\_  
(Employer)

**Dependent Name:** \_\_\_\_\_

**Dependent Member ID Number:** \_\_\_\_\_

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Name of Educational Institution: \_\_\_\_\_

Number of Credit Hours: \_\_\_\_\_

Enrolled Term: \_\_\_\_\_

I certify that the above named individual is a full-time student in the above named accredited educational institution.

\_\_\_\_\_  
Signature of Subscriber

\_\_\_\_\_  
Date