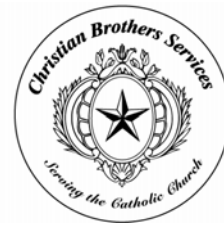


EMPLOYEE BENEFIT SERVICES

a division of Christian Brothers Services

1205 Windham Parkway, Romeoville, IL 60446-1679
630-378-2900 * 800-807-0100 * Fax 630-378-2504
E-mail info@cbservices.org * Web www.cbservices.org



RE:
ID:
DOB:

Please complete the following so that we may verify dependent eligibility.

1. Is the dependent married? _____YES _____NO
2. Does the dependent attend school full time for SPRING 2008 semester?
_____YES _____NO. If yes, please provide the following:

Name of School: _____

Telephone # of School: _____

Social Security # of Student: _____

3. Does the dependent have coverage from any other source? ___ YES _____NO. If yes, please provide details:

We do not wish to delay payment of claims submitted to our office. We must verify full time status and, since many schools will not verify status to us by telephone, we are asking for your assistance. Please provide our office with a copy of this student's semester registration or request the college or university to provide our office with full time status certification.

Signature of employee _____ Date _____