

# Student Dependent Attendance Report



For coverage Underwritten/Administered by:  
Coventry Health Care of Nebraska, Inc.  
Coventry Health and Life Insurance Company

This information is required to update our records on an annual basis.

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## Home Office Use Only

Auditor No. \_\_\_\_\_ Policy/Plan No. \_\_\_\_\_ Claim No. \_\_\_\_\_

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## To be Completed by Employee (Answer All Questions)

1. Name of group \_\_\_\_\_ Policy/Plan Number \_\_\_\_\_  
Employee name \_\_\_\_\_ Employee Soc. Sec. No. \_\_\_\_\_
2. Student name and relation to employee \_\_\_\_\_ Birth date \_\_\_\_\_
3. Name, address and phone number of school, college or university \_\_\_\_\_  
\_\_\_\_\_

## 4. Identify Below Your Enrollment/Plans to Enroll for the Next 12 Months.

Academic Period:

Beginning Date	Ending Date	Number of Credit Hours or if vocational school provide Hours spent in daily attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Starting date of prior term \_\_\_\_\_ Date that term ended \_\_\_\_\_
6. Any breaks in attendance from beginning of school? \_\_\_\_\_
7. Anticipated date of graduation \_\_\_\_\_
8. Is the student chiefly dependent upon you for support?  Yes  No  
If "Yes," is this student reported as a qualified exemption on your federal income taxes?  Yes  No
9. Is student gainfully employed? \_\_\_\_\_ If so, give name, address and phone number of employer \_\_\_\_\_  
\_\_\_\_\_
10. How many hours does student work each week? \_\_\_\_\_
11. Does student's employment provide group insurance? \_\_\_\_\_
12. If group insurance, give name, address and phone number of insurance company \_\_\_\_\_  
\_\_\_\_\_

13. I hereby certify the statements hereon are complete and accurate, and understand they will be used to help determine the eligibility of my dependent according to the provisions of the policy. Furthermore, I understand it is my responsibility to notify the Insurance Company of any change in the status of this dependent as relates to the above information.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date