beneplan

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Student Eligibility

Please Complete Fully And Write Clearly

1. Employee Information

First Name:		Last Name:	
Email:		Phone Number:	
Employer Name:	Division:	Class	Certificate:

2. Student

First Name:	Last Name:	Birth Date: (yyyy/mm/dd)
School Name:		
School Address:		
Start Date: (yyyy/mm/dd)	Graduation Date: (yyyy/mm/dd)	
Eligibility: I certify that the student is a resident of the same household and is a full-time student aged 21 – 24. ☐Yes, the child is eligible. ☐No, the child is not eligible.		

3. Declaration

I declare that the information provided here is true, complete and accurate. A copy of this authorization shall be considered as valid as the original.

Employee Signature:_____ Dated: (yyyy/mm/dd) _____

Employer Signature: _____ Dated: (yyyy/mm/dd) _____