



Student Verification Form

We have received a claim(s) for you. Before processing this claim, we need to verify that you meet the plan's eligibility requirements. The eligibility requirements are outlined in the policy brochure provided to you when you purchased the plan. Please provide us with one of the following:

- A copy of your printed class schedule; **or**
- Complete and sign Section A of this form and have your Designated School Official (DSO) at the International Student & Scholar Office or your school's Registrar's / Bursar's Office complete and sign Section B. This form must be returned to the Claims Department.

A. TO BE COMPLETED BY THE INTERNATIONAL STUDENT OR SCHOLAR	
Student Name (Last, First, MI):	
Student ID #:	Student Date of Birth (DD/MMM/YYYY):
School Name:	
School Address:	
Current Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring School Year:	
Student Signature:	
B. TO BE COMPLETED BY YOUR DESIGNATED SCHOOL OFFICIAL (DSO) or REGISTRAR'S / BURSAR'S OFFICE	
Is the Student Enrolled as Full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Number of Academic Credits:
Is the Insured an International Visiting Scholar or under OPT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is the Student Enrolled under an accredited ESL program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Number of Classroom Hours:
Is the Student Enrolled as Part-time because is graduating at the end of the term? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Completed by (check one): <input type="checkbox"/> DSO <input type="checkbox"/> Registrars	Telephone #:
Full Name (please print):	Date:
Signature of Verifier:	
Insert School Seal	<p>You may provide the requested information using any of the following methods: Mail: PO Box 211008, Eagan, MN 55121 USA Email: customerservice@tssassist.com</p>

Privacy Notice

The Total Scholastic Solutions group of companies includes brokering and management companies, as well as assistance and administration companies. We respect your privacy, and we are all committed to protecting your personal information.

Our privacy policy tells you about your privacy rights and how the law protects you. This includes information on how we collect and then process your personal information. Our privacy policy is located on our website at www.totalscholasticsolutions.com/privacy-policy and we would advise you to read the policy, so you understand your rights and your personal data use by the TSS Group.

In order for us to process all claims in a timely manner, please return this form as soon as possible. If we do not receive this information, we may have to deny all current and subsequent claims as being incomplete. We appreciate your assistance in helping us process the claim(s) as quickly as possible. If you have any questions, please contact us at 1-866-914-5333.