Affordable Benefit Administrators, Inc.
ABA
Est. 1987
P. O. Box 10787
Burbank, CA 91510
Fax 818-842-0225

STUDENT STATUS ADVICE

Name of Member: _____

Group No.: _____

Name of Claimant / Student: _____

Claim No.: _____

This is to certify that the above named claimant is a full time student at the following accredited school:

Name of School: _____

Address of school: _____

_____

Number of Units / Semester	OR	Number of Units / Quarter
FALL : _____ YEAR: _____		FALL : _____ YEAR: _____
SPRING: _____ YEAR: _____		WINTER: _____ YEAR: _____
		SPRING: _____ YEAR: _____

Please advise what constitutes a full time student: _____

_____

Signatures:

School Seal

_____
Registrar Date

_____
Member Date

_____
Student Date

***** NOT VALID WITHOUT SCHOOL SEAL *****