

STUDENT CERTIFICATION FORM

Requirements for dependent student coverage

- Must be enrolled in an accredited institution
- Must be dependent upon subscriber for support
- Must be unmarried
- Units required are determined by the employer
- Must be younger than age 24

Dependent's name _____ Dependent's medical record number _____

Date of birth (MM/DD/YY) _____ Dependent's Social Security number _____

School name _____

School address _____ City _____ State _____ ZIP _____

Student ID number _____ Number of units carried _____

Subscriber's name _____ Subscriber's medical record number _____

Group ID _____

I certify that the dependent shown meets all of the requirements for coverage on my account. I understand the Health Plan coverage for this dependent will terminate on the first day of the month following the date that any one of these requirements is no longer met.

X

Subscriber's signature (Sign in black ink.) _____

Social Security number _____

Date _____

Employee: Return completed form to your employer.