

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

Social Security number Date

Employee: Return completed form to your employer.