Dependent Student Certification Form



Mail to: Anthem Blue Cross and Blue Shield 3000 Goffs Falls Road Manchester, NH 03111-0001

In order for students between the ages of 19 and 25 to remain eligible for coverage under their parent's certificate, the subscriber must certify once a year that the dependent is a full-time student. To be eligible for benefits, a student must be unmarried and maintain a minimum of 12 credit hours per semester at an accredited school. A *Dependent Student Certification Form* must be completed annually for the dependent to remain covered. Please return this form within 31 days from the dependent's birthday if certification is desired. If you do not return the completed form, the dependent's coverage will be terminated.

Name of Dependent:		
(First)	(Middle Initial)	(Last)
Date of Birth:	Full-time Student as of:	
(Month/Date/Year)		Ionth/Date/Year)
Name of School:		
Identification Number:	Group Number:	
(The identifica	tion number and group number are listed on your ID Ca	ard.)
I understand that any misrepresentation charges incurred will be my liability.	n may result in a retroactive cancellation of my depende	nt's coverage and any
Subscriber's Signature:	Date:	
Please return this form to: Anthem Blu	te Cross and Blue Shield, 3000 Goffs Falls Road, Manch	nester, NH 03111-0001.
IMPORTANT INFORMATION:		
	he/she ceases to attend school full-time or is married. A nem Blue Cross and Blue Shield within 31 days of either	

When a dependent ceases to be eligible and is the last child to be removed from your contract, the type of membership will

be automatically adjusted.