

Student Certification For Overage Dependent

I certify that my son/daughter, _____, is unmarried, is financially dependent, and is a full-time student enrolled in an accredited school. His/her date of birth is _____.

(Name of School)

(Address of School)

His/her enrollment at the above school began (month) _____ (day) _____ (year) _____; the expected graduation date is (month) _____ (year) _____. I understand that his/her protection under my coverage will terminate on the last day of the calendar month in which he/she ceases to be a full-time student as defined in the Certificate/Evidence of Coverage.

Date

Parent's Signature (Subscriber)

Parent's Identification Number

Please return this form to:

CareFirst BlueCross BlueShield/CareFirst BlueChoice, Inc.
840 First Street, NE
Washington, DC 20065
Attention: Account Implementation Department
Mailstop 31