Verification of Full-Time Student Eligibility

DATE	SUBSCRIBER'S NAME (EMPLOYEE)	DEPENDENT'S NAME	
SUBSCRIBER'S ADDRESS Street: City: State: Zip Code:			
NAME OF HEALTH PLAN:		HEALTHPLAN CODE:	ID NUMBER
GROUP NAME			GROUP/DIVISION NUMBER

Please complete, sign and date this Affidavit.

Please return the Affidavit in the enclosed window envelope making sure the return address appears in the window.

Student Certification Affidavit

I hereby certify that _____ _____
(Student Name) (ID Number)

born _____ is a full time student at _____
(Date of Birth) (Accredited Educational Institution)

_____ _____ _____
(Registrar Office Phone Number) (City/State) (Zip Code)

Date the semester begins _____ /_____ /_____

I hereby certify that the information provided above is true and complete and that the above named dependent meets my plan's requirements for coverage as a full time student. I authorize CIGNA HealthCare to confirm the information I have provided with the registrar of the educational institution identified above. I further authorize this educational institution to release information to CIGNA HealthCare in order to verify student status and determine eligibility for coverage. If I misrepresent or provide false or incomplete information, my membership and the membership of my dependent(s) may be terminated (including retroactively) at the discretion of CIGNA HealthCare and/or my employer.

I understand that this affidavit must be signed by the employee and received by CIGNA HealthCare before coverage can become effective or continue for my dependent. I also understand that if, at any time in the future, my dependent no longer meets the definition of a student eligible dependent, I must immediately notify CIGNA HealthCare and my employer of the change.

Date _____ /_____ /_____

Employee Information

Employee Signature: _____

Print Name: _____

Phone: _____

To the Employee: If you have any questions or need further assistance, please call us at the toll-free Member Services number or Customer Services number on your CIGNA HealthCare ID card. A representative will be happy to help you.

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