



# BlueCross BlueShield of Texas

Membership/Eligibility Department  
P. O. Box 655730  
Dallas, TX 75265-5730

## Student Certification

Please provide the following information concerning the dependent child who is eligible to continue coverage as a "student dependent." To continue coverage beyond the maximum age limit specified in your contract for dependents, this form must be received within 60 days of the affected dependent becoming eligible for coverage as a "student dependent."

### GENERAL INFORMATION

Group No. \_\_\_\_\_ Member ID No. \_\_\_\_\_

Member Name \_\_\_\_\_

Student Dependent's Name \_\_\_\_\_

Student Dependent's Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ MM/DD/YY

Relationship to Employee \_\_\_\_\_

Is Student Dependent: Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_

Is Student Dependent Employed Yes \_\_\_\_ No \_\_\_\_

If Yes: Full Time \_\_\_\_ Part Time \_\_\_\_ School Vacation Period Only \_\_\_\_

### SCHOOL INFORMATION

Is student dependent considered a full-time student according to requirements of the institution attended?  
\_\_\_\_ Yes \_\_\_\_ No

Number of credit hours dependent is taking this term \_\_\_\_\_

Name of the school in which the student dependent is enrolled \_\_\_\_\_

Address & Phone # of school \_\_\_\_\_

Type of school (Example: high school, college, trade, etc.) \_\_\_\_\_

On what date did the student dependent become a full-time student? \_\_\_\_/\_\_\_\_/\_\_\_\_ MM/DD/YY

What are the dates of the school semester? Current \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ MM/DD/YY

Prior \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ MM/DD/YY

If graduation is expected within the next 12 months please provide an anticipated date of graduation  
\_\_\_\_/\_\_\_\_/\_\_\_\_ MM/DD/YY

### ADDITIONAL INFORMATION

Please complete (*the following information is only applicable for certain groups for student certification*).

Does student dependent satisfy Internal Revenue Service requirements for dependency (i.e., more than 50% financial support is provided, the dependent attends school full time for a minimum of five (5) months in a calendar year, etc.)?  
\_\_\_\_ Yes \_\_\_\_ No

Is Student Dependent an unpaid Missionary? Yes \_\_\_\_ No \_\_\_\_ If Yes, Provide information regarding sponsorship and dates of service: \_\_\_\_\_

I hereby certify that the above information is correct. I also understand that if the above-named dependent child ceases to be eligible as a student, that child will no longer be eligible for health coverage unless other eligibility provisions apply. I must notify my employer who will notify Blue Cross and Blue Shield of Texas to cancel coverage on the dependent child. In addition, I understand that if Blue Cross and Blue Shield of Texas needs to contact the educational institution to obtain enrollment status and dates of school terms, my dependent child will be asked to authorize release of student records.

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_