BlueCross BlueShield of Oklahoma

Student Verification Form

This form is required to verify the status of your dependent who is age 19 or older.

In order to remain eligible for coverage, your dependent must be:

- unmarried
- a full-time student at an accredited secondary school, college or university.

If there is a change in your dependent's status at any time, you are required to notify Blue Cross and Blue Shield of Oklahoma. Common examples of change in status include: a dependent marries, drops below full-time status, or ceases his or her education, including graduation.

Failure to notify a change in status could result in retroactive cancellation of your dependent's coverage and non-payment of claims.

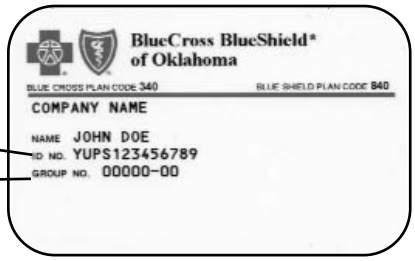
YOUR INFORMATION

This information can be found on your Blue Cross and Blue Shield ID card.

Your Name: _____

Your Identification Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐

Group Number: ☐☐☐☐☐–☐☐



YOUR DEPENDENT'S INFORMATION

Your Dependent's Name: _____

Birthdate: __/__/__

Marital Status: ☐ Single ☐ Married (__/__/__) *date* ☐ Divorced (__/__/__) *date*

School Name _____

Address _____

City, State, ZIP _____

Dependent is enrolled as a full-time student for the semester(s) beginning __/__/__ and ending __/__/__.

YOUR SIGNATURE

X _____ Date _____

IMPORTANT! One of the following documents must be attached to this form to maintain your dependent's coverage: 1) A receipt for tuition (partially or fully paid) of the current or upcoming semester; or 2) Enrollment documentation for the current or upcoming semester.

If you have any questions, please call 1-800-94-BLUES.