

## Student Certification Form For Enrollment Verification

Please complete the following information so that we can continue to provide coverage for your son or daughter.

Subscriber's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Subscriber ID #: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_

Name of School Student Attends: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

I hereby certify that my child is eligible to continue as a full-time dependent under my membership.

Subscriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a copy of current paid tuition bill -- *OR* --

Registrar's Signature or Stamp: \_\_\_\_\_