BlueCross BlueShield of Delaware
A CareFirst Company

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Visit our website:
bcbsde.com

STUDENT CERTIFICATION FORM
For State of Delaware Use Only

INSTRUCTIONS

This form should be submitted when your dependent first becomes eligible for coverage as a full-time student.

This form should be updated and submitted annually to re-certify the eligible student for the upcoming school year. Your Benefits Administrator has additional forms.

1. Please print legibly.
2. Please supply all of the information requested.
3. Be sure to sign and date the form.
4. Send completed* form to:

   BCBSD
   Eligibility Dept. 6-2-01
   P.O. Box 8868
   Wilmington, DE 19899-8868

EMPLOYEE / RETIREE INFORMATION (To Be Completed By Employee)

EMPLOYEE / RETIREE LAST NAME	FIRST NAME	M.I.	EMPLOYEE / RETIREE ID NUMBER	BCBSD ACCOUNT NUMBER

STUDENT INFORMATION (To Be Completed By Employee)

STUDENT LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH	STUDENT SOCIAL SECURITY NUMBER
			/ /	

The student is: ❑ Male ❑ Female ❑ Single ❑ Married

RELATIONSHIP OF STUDENT TO EMPLOYEE / RETIREE

NAME OF SCHOOL STUDENT IS ATTENDING

ADDRESS OF SCHOOL

PHONE NUMBER OF SCHOOL

( ) -

The student is:
❑ Full-time student ❑ Part-time student ❑ Other

Student is enrolled for:
Number of credit hours: ; or courses:

DATE STUDENT FIRST ATTENDED CLASS IN SCHOOL LISTED ABOVE

EXPECTED END DATE OF FULL-TIME ATTENDANCE?

The dependent is working:
❑ full-time ❑ part-time ❑ during school breaks ❑ not at all

TERMS OF AGREEMENT

I certify that the statements made above are true and understand that Blue Cross Blue Shield of Delaware reserves the right to recover from me, claims payments made to or on behalf of an ineligible dependent.

EMPLOYEE / RETIREE SIGNATURE	DATE

****Please complete the entire form. If incomplete, we are unable to review for eligibility.***