

6740 North High Street
Worthington, Ohio 43085-2512

Anthem  
Student Certification

Date: (m/d/y) _____
Group #: 003320130
Contract/Member ID: _____
(Available on your ID card)

Student Name: _____ **Date of Birth:** _____

Your contract provides benefit administration for unmarried dependent children ages 19 - 27 as long as they are attending school on a full-time basis. Please verify your child's eligibility for benefits under your contract. **Please answer the following questions and promptly return this form to Anthem Blue Cross and Blue Shield.**

1. Dependent's relationship to contract holder? _____
2. Is the dependent's legal residence the same as the contract holder? _____
If no, explain: _____
3. Marital status of dependent: _____
If married, the date of marriage: _____
4. Is the dependent covered under other insurance? Yes _____ No _____
If yes, what is the name of the carrier and member's identification numbers?

Effective date of other insurance: _____
5. Is the dependent a full-time student? Yes _____ No _____
If yes, name of school: _____
Month and year last attended: _____
Total hours attended per quarter/semester: _____
6. Is the dependent mentally or physically disabled? Yes _____ No _____
If yes, at what age? _____

This questionnaire must be returned within 30 days to ensure continuous coverage for the above identified dependent. Please return your completed questionnaire to:

**ANTHEM BLUE CROSS AND BLUE SHIELD
ATTN: National Enrollment WNB-740
6740 N. High Street
Worthington, OH 43085**

I hereby certify that the above information is correct to the best of my knowledge and authorize release of any information with respect to this recertification.

Signature: _____ Date: _____

Printed Name: _____