

Notification of Student Status



Your group policy has a specific age limit for dependent student coverage. Please complete and return the form.

My unmarried dependent student:

(First name) (Middle initial) (Last name)

is eligible for coverage under my group plan because he/she is enrolled as a full-time student at:

Expected graduation date _____

Student's birth date _____

Student's Social Security Number _____

Your name (as shown on your identification card) _____

Your identification number (as shown on your identification card) _____

Member ID number (as shown on your identification card) _____

Group number (as shown on your identification card) _____

Your signature _____ Date _____

Please mail the form to:
Anthem Blue Cross and Blue Shield
PO Box 27401
Richmond, Virginia 23279

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