

## Student Certification For Overage Dependent

I certify that my son/daughter, \_\_\_\_\_, is unmarried, is financially dependent, and is a full-time student enrolled in an accredited school. His/her date of birth is \_\_\_\_\_.

\_\_\_\_\_  
(Name of School)

\_\_\_\_\_  
(Address of School)

His/her enrollment at the above school began (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_; the expected graduation date is (month) \_\_\_\_\_ (year) \_\_\_\_\_. I understand that his/her protection under my coverage will terminate on the last day of the calendar month in which he/she ceases to be a full-time student as defined in the Certificate/Evidence of Coverage.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (Subscriber)

\_\_\_\_\_  
Parent's Identification Number

Please return this form to:

CareFirst BlueCross BlueShield/CareFirst BlueChoice, Inc.  
840 First Street, NE  
Washington, DC 20065  
Attention: Account Implementation Department  
Mailstop 31