



STUDENT CERTIFICATION FORM

INSTRUCTIONS

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

Each July or August thereafter, the form should be updated and submitted to recertify 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. 6-1-06
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 SOCIAL SECURITY NUMBER OR BCBSD ID NUMBER	BCBSD ACCOUNT NUMBER
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STUDENT INFORMATION (To Be Completed By Employee)

STUDENT LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH / /	STUDENT SOCIAL SECURITY NUMBER
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- | | |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Married |
| <input type="checkbox"/> Female | <input type="checkbox"/> Single |

RELATIONSHIP OF STUDENT TO EMPLOYEE / RETIREE

NAME OF SCHOOL STUDENT IS ATTENDING

ADDRESS 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 DATE OF GRADUATION (OR COMPLETION OF ATTENDANCE)

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

Do you claim the student as a dependent when you file your Federal Income Tax?
 YES NO

Do you provide at least 50% of the total cost of support for the student?
 YES NO

WHO ELSE PROVIDES PART OF THE COST OF SUPPORT?

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