

STUDENT STATUS VERIFICATION

GROUP NAME _____

GROUP ID _____

1. MEMBER INFORMATION

Member Name _____

Subscriber ID _____ Date of Birth / / _____

Mailing Address _____

City _____ State _____ ZIP _____

2. ELIGIBILITY STATUS

If you are no longer a full-time student, then we can no longer cover you under this plan.* The following options for coverage may be available to you:

- COBRA, if your group is COBRA eligible. Contact your benefits representative at the group for this information.
- State Continuation of Coverage, if your group is not COBRA eligible.
- Premera Blue Cross Group Conversion Plan, if you apply within 31 days from the date your coverage terminates under this contract.

Are you currently a full-time student? No Yes

School Name _____

School Location _____

Signature _____ Date / / _____

* Effective for plan years on or after 11/1/09. If an eligible, qualifying full-time student suffers a serious illness or injury, they may need to take a leave of absence from school attendance. The treating provider (M.D., D.O., A.R.N.P., or P.A.) must then complete and return the Medical Provider Medical Necessity form immediately after the dependent student stops attending school or reduces full-time attendance. This form is available on our website.

After the plan has received and processed the Medical Provider Medical Necessity form, the dependent student will then continue to be covered by the plan through the last day of the month in which one of the following events occurs:

- They lose eligibility under the health plan for a reason other than loss of full-time student status.
- The leave of absence from school is no longer medically necessary, and they do not return to school.
- The leave of absence exceeds 365 days based on the first day classes were missed or hours reduced.
- They reach the maximum student age for a dependent child under this plan.

Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

Español (Spanish): Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

中文 (Chinese): 本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)。

Tiếng Việt (Vietnamese): Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog): Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).