

## 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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