



**BlueCross BlueShield
of Nebraska**

P.O. Box 3248
Omaha, Nebraska 68180-0001
www.bcsne.com

Dear Customer:

According to our records, your dependent(s) listed below will either be turning age 19 or has reached an age at which we must verify his or her student status. In order to remain covered under your health plan beyond age 18, dependents must be unmarried and full-time students. As long as your dependent(s) is unmarried and a full-time student, coverage will continue until the maximum age stated in your benefit plan.

Please answer the questions below and return this letter in the enclosed envelope within 60 days. If we do not receive a response to this letter by that date, or if your dependent(s) is no longer eligible for coverage under your health benefit plan, coverage for your dependent will be terminated.

Please see the reverse side of this letter for additional important information.

DEPENDENT CERTIFICATION

DEPENDENT #1	DEPENDENT #2
1. Name of school _____ School Address _____ School Phone _____ <input type="checkbox"/> Full Time (12 or more hours) <input type="checkbox"/> Post Graduate Student (9 or more hours)	1. Name of school _____ School Address _____ School Phone _____ <input type="checkbox"/> Full Time (12 or more hours) <input type="checkbox"/> Post Graduate Student (9 or more hours)
2. Is this dependent mentally or physically handicapped? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, we will send you an application for extension of coverage.)	2. Is this dependent mentally or physically handicapped? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, we will send you an application for extension of coverage.)
3. Date this dependent is no longer eligible: Graduate: __/__/____ Marriage: __/__/____ No longer a full-time student: __/__/____	3. Date this dependent is no longer eligible: Graduate: __/__/____ Marriage: __/__/____ No longer a full-time student: __/__/____

I certify that the above answers are true and correct.

Signature _____ Date _____

Should your dependent's status change after this form is submitted, it is your responsibility to notify Blue Cross and Blue Shield of Nebraska immediately. You must also notify your employer if this is an employer-sponsored health plan.