

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.
- Premera Blue Cross Blue Shield of Alaska 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 / / _____