



## Capital BlueCross

12/09/2005

JANE DOE  
1234 KING RD  
ANYTOWN PA 19XXX-XXXX

SUBSCRIBER ID: XXXXXXXXX  
GROUP NAME: ABC Corporation

GROUP/SUBGROUP ID: XXXXXXXX/XXXX  
DEPENDENT'S FIRST NAME: JANE

### STUDENT REVERIFICATION LETTER

#### **IMPORTANT: PLEASE RETURN WITHIN 10 DAYS**

The following is important information concerning Jane's health care coverage. Coverage for unmarried dependent children, in most cases, terminates at age 19 unless the dependent is a full-time student as specified in the Certificate of Coverage. So it is important that we receive this completed form promptly so that we may administer benefits properly, and, in order to ensure continuous coverage for Jane.

Please complete the information on the reverse side regarding student reverification and return this form in the envelope provided. Failure to respond to this letter will result in the termination of Jane's coverage as of 1/31/2006, and may also result in claim rejections.

If your health care coverage is supplied through an employer, you should notify your employer of any change in your dependent's eligibility status (i.e., graduation, marriage, or longer full-time student). If you are an Individual Accounts subscriber, you should notify Capital BlueCross directly if there is a change in the dependent's eligibility status.

Thank you for choosing Capital BlueCross as your health insurer. If you have any questions, please contact the Customer Service Department at 1-800-962-2242.

*Please see Reverse for Additional Information*

CM-M-610 CBC

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company® and Keystone Health Plan® Central. Independent licensees of the Blue Cross and Blue Shield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

Please Print

Dependent's Name: \_\_\_\_\_  
 Last First MI

Dependent's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dependent is:  Single  Married

Dependent is a full-time student:  Yes  No

\* If No, please provide the date dependent last attended school on a full-time basis: \_\_\_\_/\_\_\_\_/\_\_\_\_

\* If Yes, please provide the name of the school in which dependent is enrolled: \_\_\_\_\_

\* Dependent's Expected Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I certify that the information provided above is correct to the best of my knowledge and authorize release of this information with respect to this reverification.

\_\_\_\_\_  
 Signature of Subscriber Date Home Phone Work Phone

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

CM-M-610 CBC



## Capital BlueCross

4/21/2006

JANE DOE  
1234 KING RD  
ANYTOWN PA 19XXX-XXXX

**SUBSCRIBER ID:** XXXXXXXXX  
**GROUP NAME:** ABC Corporation

**GROUP/SUBGROUP ID:** XXXXXXXX/XXXX  
**DEPENDENT'S FIRST NAME:** JANE

### STUDENT REVERIFICATION LETTER

**IMPORTANT: PLEASE RETURN WITHIN 10 DAYS**

Capital BlueCross is writing to you as administrator of your health care benefit program issued by Keystone Health Plan® Central.

The following is important information concerning Jane's health care coverage. Coverage for unmarried dependent children, in most cases, terminates at age 19 unless the dependent is a full-time student as specified in the Certificate of Coverage. So it is important that we receive this completed form promptly so that we may administer benefits properly, and, in order to ensure continuous coverage for Jane.

Please complete the information on the reverse side regarding student reverification and return this form in the envelope provided. Failure to respond to this letter will result in the termination of Jane's coverage as of 5/31/2006, and may also result in claim rejections.

If your health care coverage is supplied through an employer, you should notify your employer of any change in your dependent's eligibility status (i.e., graduation, marriage, or longer full-time student). If you are an Individual Accounts subscriber, you should notify Capital BlueCross directly if there is a change in the dependent's eligibility status.

Thank you for choosing Capital BlueCross as your health insurer. If you have any questions, please contact the Customer Service Department at 1-800-669-7061.

*Please see Reverse for Additional Information*

CM-M-610 KHPC

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company® and Keystone Health Plan® Central. Independent licensees of the Blue Cross and Blue Shield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

Please Print

Dependent's Name: \_\_\_\_\_  
 Last First MI

Dependent's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dependent is:  Single  Married

Dependent is a full-time student:  Yes  No

\* If No, please provide the date dependent last attended school on a full-time basis: \_\_\_\_/\_\_\_\_/\_\_\_\_

\* If Yes, please provide the name of the school in which dependent is enrolled: \_\_\_\_\_

\* Dependent's Expected Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I certify that the information provided above is correct to the best of my knowledge and authorize release of this information with respect to this reverification.

\_\_\_\_\_  
 Signature of Subscriber Date Home Phone Work Phone

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

CM-M-610 KHPC