

Certification of Student Status

This form MUST be completed and signed by the Subscriber.

Student Information

Student's Name: _____

Date of Birth (mo/day/yr): _____

Member ID#: _____

Student Eligibility Information

To be eligible for benefits, the student, if over age 19, must be:

1. A full-time student in an accredited high school, college, university, vocational, or secondary school;
2. Unmarried;
3. Financially dependent on the subscriber or dependent spouse; and
4. Less than 24 years of age

Does this student meet all of the dependent eligibility requirements listed above? Yes No

School Information

Name of School: _____

School Address: _____

School Phone Number: _____

Enrollment Information

The student is now enrolled or will be enrolled in a full-time academic program at the school identified above during these semesters:

Spring Year: _____ Summer Year: _____ Fall Year: _____ Winter Year: _____

Projected graduation date is (month/year): _____

Return certificate to:

Rocky Mountain Health Plans
P.O. Box 10600
Grand Junction, CO 81502-5600

I certify that all of the information stated above is true and correct in all respects.

I understand and agree that my health plan has the right to terminate coverage and deny benefits if any of the information on the Enrollment Application, on this Certification of Student Status, or as otherwise provided by me to the plan is materially false, inaccurate, or misleading.

Subscriber's Name (please print) _____

Subscriber's Employer Group _____

Subscriber's Signature _____

Date _____