BlueCross BlueShield
BluePlus
of Minnesota

STUDENT DEPENDENT INFORMATION REQUEST

Your coverage may provide continued dependent benefits under certain conditions after reaching the limiting age.

Please provide the following information regarding your Student Dependent.

1. Dependents Name: _____

2. Relationship to subscriber: _____

3. Dependent's marital status: (circle one)   Single   Married   Divorced

    If married or divorced, date of this event: _____

4. Is this dependent presently a student? (circle one)   YES   NO

    a) If yes, indicate status: (circle one)   Full Time   Part Time
                   Anticipated Graduation Date _____

    B) If no, date last attended on a full time basis: _____

5. Please list all dates of enrollment below:

Schools Attended (ing)	Enrollment Dates Quarters/Semesters	Type of School

Please use the reverse side of this form to explain any lapses in attendance other than school vacations.

6. a) Is this student financially dependent upon you?   YES   NO

   b) Do you claim this child as a tax exemption?   YES   NO

7. Does this dependent reside in the household of the subscriber? _____

8. Is this dependent eligible for coverage elsewhere? _____

   If yes, name of contract holder or policy holder: _____

9. Social Security number of this dependent: _____

Subscribers Signature: Date: Social Security Number

_____   _____   _____