

Notification of Student Status

ANTHEM BCBS

Your group policy has a specific age limit for dependent student coverage. Please complete and return this form.

My unmarried dependent student:

Is eligible for coverage under my group plan because he/she is enrolled as a full time student at:

Expected graduation date: _____

Student's birth date: _____

Student's Social Security Number: _____

Your Name (as shown on your identification card): _____

Group Number (as shown on your identification card): _____

Your signature: _____ Date: _____

Please return this form to:

Harrisonburg City Public Schools
Attn: Karen Lam
317 S. Main St.
Harrisonburg, VA 22801