

Student Verification Parent Affidavit Form

To be eligible for student dependent coverage we require verification of full-time student status, please submit verification for the current semester.

If your child is not a full-time student, he or she may still be eligible for coverage. For more information, please contact the benefits administrator at your company.

If you have any questions, please call our Customer Service Department at 800-444-6222.

Sincerely,
Oxford Health Plans

TO BE COMPLETED BY T	HE SUBSCRIBER			
Employer Name		· 		
Subscriber Name		Subscriber	Subscriber Social Security #	
Name of Student		Student Social Security #		
Name of School		Phone Nun	Phone Number	
Address	City	State	Zip Code	
I confirm that the above nam accredited educational institution and ends	ution for the20	0 semester, which	n begins on	
I attest that the information s complete this form may resu dependent. I understand that information as proof of the al	lt in delayed, denied or tern t Oxford Health Plans reser	nination of coverage t ves the right to reque	for the above named	
Further, any person who kno person files a statement or c material fact thereto, commit a civil penalty.	laim containing any materia	ally false information of	concerning any	
Subscriber's Signature MS-03-845		Date	6543	