

## Student Certification Form for Enrollment Verification

Please complete the following information so that we can continue to provide coverage for your son or daughter. Completed forms can be mailed to:

Blue Cross Blue Shield of Massachusetts  
Enrollment Operations  
P.O. Box 9145  
North Quincy, MA 02171

Blue Cross and Blue Shield ID # \_\_\_\_\_

Subscriber's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_

I hereby certify that my child is eligible to continue as a full-time student dependent under my membership.

Subscriber's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of School Student Attends \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_

Expected Date of Graduation \_\_\_\_\_  
month day year

Please Attach a Copy of Current Paid Tuition Bill or Registrar's Signature or Stamp.