



Arkansas Blue Cross and Blue Shield  
 ATTN: MemBRS Model Office 8-UCC  
 P O Box 2181  
 Little Rock, AR 72203-9974  
 Fax 501-399-3828  
 E-mail: [ABCBSStudentVerification@arkbluecross.com](mailto:ABCBSStudentVerification@arkbluecross.com)

Health Advantage  
 ATTN: Customer Accounts  
 P O Box 8069  
 Little Rock, AR 72203-8069  
 Fax 501-301-6869  
 E-Mail: [HAcustacct@arkbluecross.com](mailto:HAcustacct@arkbluecross.com)

**STUDENT VERIFICATION FORM**

Member Name \_\_\_\_\_

Member Address \_\_\_\_\_

Member ID# \_\_\_\_\_ Member SSN# \_\_\_\_\_

**Group Name** \_\_\_\_\_ **Group Number** \_\_\_\_\_

To continue coverage, eligible dependents over the maximum dependent age according to the group's contract must be unmarried, enrolled as a full-time student at an accredited educational institution; and be financially dependent on the Member for support. Arkansas Blue Cross and Blue Shield and Health Advantage verify eligibility annually.

This form may be used to update student status at any time. Failure to provide complete and accurate information may result in cancellation of coverage.

The completed form may be mailed, faxed, or e-mailed. Please refer to the applicable information above.

If a student is no longer eligible for coverage as a Dependent, he/she may be eligible for continuation of coverage under federal and state guidelines.

If you have questions, please contact Customer Service.

**STUDENT VERIFICATION INFORMATION**

Dependent Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Change coverage as indicated below:**

- Dependent **is** a full-time student at an accredited institution. Date Current Semester began: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*(Dependent's coverage will be terminated according to the terms of the group contract)*
- Dependent **is not** a full-time student or **is** married Date of Occurrence: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*(Dependent's coverage will be terminated according to the terms of the group contract)*

Name of Educational Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code (Educational Institution) \_\_\_\_\_

Educational Institution Phone # \_\_\_\_\_ Hours Enrolled \_\_\_\_\_ Graduation date (if known) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
**Member Signature** \_\_\_\_\_  
**Date**