

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.