



**Arkansas
BlueCross BlueShield**
An Independent Licensee of the Blue Cross and Blue Shield Association

STUDENT VERIFICATION FORM

Member (Policyholder) Name: _____

Member Address: _____

Member ID number from your ID card: _____

Dependent Name: _____

Is dependent unmarried **and** dependent on policyholder?

Yes _____ No _____

If married, student's date of marriage: _____
Month/Date/Year

Is dependent a full-time student (12 or more hours)?

Yes _____ No _____

Name of accredited college/university:

Name: _____

Address: _____

City and State: _____

Date full-time student status started: _____
Month/Date/Year

If dependent is not a full-time student, indicate date full-time student status ended:

Month/Date/Year

Signature of Member (Policyholder)

Date Submitted

Please complete the Student Verification Form, sign it and return back to Arkansas Blue Cross and Blue Shield.

ARKANSAS BLUE CROSS AND BLUE SHIELD
ATTN: MemBRS MODEL OFFICE 8-UCC
P O Box 2181
Little Rock AR 72203-9974

MemBRS Model Office Fax # 501-399-3828