



## Full Time Student Certification

To be eligible for coverage, unmarried children aged 19 to 25 must be enrolled full time in college (minimum of 12 units) or trade school.

This form must be completed and signed by the employee.

Group Name \_\_\_\_\_

Group Number \_\_\_\_\_

Subscriber Name \_\_\_\_\_

Subscriber Number \_\_\_\_\_

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

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

Name and Address of School \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above dependent is currently enrolled as a full time student at the school listed above. I also understand that Blue Shield of California reserves the right to contact the school to verify this information.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Active Choice plans are underwritten by Blue Shield of California Life & Health Insurance Company.