



A UnitedHealthcare Company

Student Verification Parent Affidavit Form

Mailing Address: P.O. Box 7085, Bridgeport, CT 06601-9688 • 1-800-444-6222

Welcome.

To be eligible for student dependent coverage we require verification of full-time student status, please submit verification for the current semester.

Please arrange to have this postage-paid Student Verification Information Form submitted to us at the time of your enrollment.

If your child is not a full-time student, he or she may still be eligible for coverage. For more information, please contact the Benefits Administrator at your company.

If you have any questions, please call our Customer Service Department at 1-800-444-6222.

Thank you.

TO BE COMPLETED BY THE SUBSCRIBER

Employer Name

Subscriber Name

Subscriber Social Security #

Name of Student

Student Social Security #

Name of School

Address

Phone

I confirm that the above named dependent is registered as a full-time part-time student at an accredited educational institution for the ___/___/___ semester, which begins on ___/___/___ and ends ___/___/___.

I attest that the information shown above is true and complete. I understand that failure to complete this form may result in delayed, denied or termination of coverage for the above named dependent. I understand that Oxford Health Plans reserves the right to request additional information as proof of the above-named dependent's full-time status.

Further, any person who knowingly and with intent to defraud an insurance company or other person files a statement or claim containing any materially false information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime, and is also subject to a civil penalty.

Subscriber's Signature

Date