

Student Verification Notice

If you are a Parent or Guardian of a dependent student who is either reaching the age of 19 or is currently enrolling in college and is within the dependent age limit (Please refer to your Benefits Office for age guidelines), you can verify student status online from the *Member Services* section of our website at:

www.ConnectiCare.com/Member

If you verify student status online you do not have to submit this form!!

If you prefer verification on paper, you must sign, date and return this form to the address below:

**ConnectiCare, Inc. & Affiliates
Attention: Group & Membership Administration
175 Scott Swamp Road
Farmington, CT 06032-3012**

Subscriber's Name: _____

Subscriber's ID Number: _____

Group Number: _____

Overage Dependent's Name: _____

Date of Birth: _____

Is the Dependent a Full Time Student? (circle one) Yes No

Name of School Dependent Attends: _____

Note: Please check with your dependent(s) school to assure that the number of credit hours in which he/she is enrolled meets the minimum requirement for full time student status.

Please be aware that you, as the parent or guardian covered by the group plan, are responsible for the accuracy of the information given on this form. **It is also your responsibility to inform ConnectiCare as soon as possible when your dependent is no longer a full-time student.** If you fail to report a change in your dependent's eligibility, his or her coverage will be terminated retroactively and you will be responsible to reimburse ConnectiCare for any benefits paid.

ConnectiCare reserves the right to request that you provide us additional written proof of full time student status for your overage dependent(s).

I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime punishable by penalties, imprisonment and restitution depending on applicable laws.

By signing this form I confirm that I have read and agree with the statements above, and I am providing accurate information.

Signature: _____ **Date:** _____

Printed Name: _____

Thank you for sharing this important information with us! If you have any questions, please feel free to call Member Services at 1-800-251-7722. Also, please note that student verification for this dependent may be required in subsequent semesters.

Dependents who no longer meet the Plan's eligibility rules may be able to purchase COBRA. Or, Connecticut residents can apply for their own contract with ConnectiCare SOLO. Please call 1-866-999-SOLO for more information on our exciting SOLO plan.