Blue Cross
Blue Shield
of Rhode Island

Administrative Offices (401) 459-1000
Customer Service (401) 831-7300
Toll Free 1-800-527-7290
Voice TDD Number (401) 831-2202

444 Westminster Street
Providence, RI 02903-3279

Certification of Dependent Student Status

I hereby certify that my dependent* listed below is currently enrolled full-time with an accredited education institution. Proof of enrollment will be furnished upon request.

Unmarried dependent children are covered through the end of the calendar year in which they turn age 19, or if a full-time student, covered through the end of the calendar year in which they are no longer a full-time student, or through the end of the calendar year in which they reach maximum student age, whichever occurs first.

*Please note that *each* full-time student, over age 19, must be recertified each year.

Health Insurance Plans

HEALTHMATE COAST-TO-COAST	☐	**Coverage for dependent children through the end of the calendar year in which they turn age 19, or through the end of the calendar year in which they turn age 25, if a full-time student.**
BLUE CROSS DENTAL	☐	**Coverage for dependent children through the end of the calendar year in which they turn age 19, or through the end of the calendar year in which they turn age 25, if a full-time student.**

Name of Dependent _____

Dependent's Birthdate _____

Name of School _____

Enrollment Date _____

Anticipated Date of Graduation _____

Employee's Full Name _____

Employee's Social Security Number _____

13- Digit Identification Number _____

Employee's Signature _____

Date _____

Please complete and return this form to Blue Cross & Blue Shield of Rhode Island as soon as possible to ensure eligible dependents remain covered.

Please direct any questions you have in reference to this Certification Form to the Office of Personnel Administration – Employee Benefits Office at 222-3160 or the State of Rhode Island Customer Service lines at 831-6550 or 1-800-327-6152.