

Subscriber name: _____ Student: _____
Address 1: _____
Address 2: _____ Harvard Pilgrim ID#: _____
City, State, Zip: _____

FULL-TIME STUDENT VERIFICATION AFFIDAVIT

Note: This form only applies to dependents age 19 and older.

I hereby certify that _____ /_____/_____
(Name of student dependent) (Social Security Number) (Date of Birth)

is either:
(please check one) **A FULL-TIME student (age 19 and older and unmarried) at**

_____ (Educational institution: high school, college, university, other)

_____ (City/Town) _____ (State)

for the semester ____/____/____ to ____/____/____ or school year _____

Expected Graduation Date: ____/____

or

Is no longer a full-time student

I hereby certify that the information provided above is correct. I understand that I am obligated to inform Harvard Pilgrim Health Care, Inc. ("HPHC"), including Harvard Pilgrim Health Care of New England ("HPHC-NE") and HPHC Insurance Company, of any change in the noted dependent's student status. To ensure accuracy, I acknowledge and agree that HPHC, including HPHC-NE and HPHC Insurance Company, may investigate the status of the noted dependent during the period in which the dependent is claiming full-time student standing. I understand that any misrepresentation in the information I have provided above will permit HPHC, including HPHC-NE and HPHC Insurance Company, to terminate the dependent's membership and seek any other legal remedies available to HPHC, including HPHC-NE and HPHC Insurance Company.

I understand that the dependent's coverage may not be effective until a signed affidavit is returned to HPHC, including HPHC-NE and HPHC Insurance Company.

Date: _____

(Signature) Subscriber/Spouse

(Relation to student dependent)

Please note: This affidavit will only be accepted if signed by the subscriber, parent, stepparent or guardian.
Fold and return in enclosed envelope or fax to:

Harvard Pilgrim Health Care Student Verification Processing 1600 Crown Colony Quincy, MA 02169-9978	FAX: 617-509-1032 (If faxing, please do not mail form.)
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Harvard Pilgrim Health Care of New England and HPHC Insurance Company.