

Return to: Human Resources
404 Sparks Hall

ANTHEM BLUE CROSS & BLUE SHIELD
STUDENT VERIFICATION

Name of Policyholder _____

Identification Number _____

Name of Student _____

Date of Birth _____

Name of School _____

Telephone Number of School _____

Date of Entrance _____

Number of Hours Enrolled _____

Expected Date of Graduation _____

To avoid delays in processing of claims, it is recommended that this verification form be updated January 1 and September 1 of each year. Additional forms may be obtained by contacting our office.

Signature of Policyholder _____

Date _____