

STUDENT VERIFICATION QUESTIONNAIRE

EMPLOYEE INFORMATION: Horizon BCBSNJ ID Number the number on your ID card **Employee Last Name** MI First Street Address City ZIP State Dependent Last Name First MI Dependent Social Security Number Dependent Date of Birth Sex STUDENT VERIFICATION: 1. Is your Dependent a full-time student? Yes No 🗆 2. Are they attending an accredited school, institution of higher learning or secondary school? Yes □ No \square 3. If you answered Yes to the above questions, please provide documentation within 45 days from the date of this letter. You can also return documentation along with this form (please do not staple or use other means of attaching the verification to this form). In order to correctly validate your dependent as a full-time student, the documentation supplied to Horizon must contain the child's name, the name of the school the child is attending, whether or not the child is a full-time student and the academic period for which the child is enrolled. Horizon will accept the following as proof of your child's full-time student status provided that it contains the above information (you only have to provide one of these documents): 1. A signed letter from the school Registrar on the school's letterhead 2. A signed letter from the subscriber with a stamp or signature from the school 3. A current course schedule showing the person's name and indication of full-time status 4. A current paid tuition receipt indicating full-time status 5. Documentation from the National Student Clearinghouse Certification: I hereby certify that the information I have provided on this form is true and accurate. In the event any information is false or misleading, the plan administrator or employer may take appropriate action. In the event benefit payments are incorrectly or improperly made, I shall be fully responsible for repayment to the Plan of all costs, fees and expenses related to such improper or incorrect benefit payment, including a reduction in future payment of claims by the full amount of such improper or incorrect benefit payments. **Employee Signature** Home Telephone Date

Return this form along with the requested documentation for full-time student status within 45 days in the enclosed pre-addressed envelope. If you have any questions or concerns, please contact our customer service department at 1-800-355-BLUE (2583).