



Application for Unmarried Dependent Student

• Proof of full-time student status required •

Student to be covered on:

Health plan

Dental plan

Parent name Parent contract #

Parent address

Note: The coverage for an unmarried dependent student will automatically terminate when s/he ceases to be classified as a student, completes school, marries, or reaches age 26. In these situations, contact Human Resources (706-737-1763) for information about continuation of coverage.

1. Dependent student name Date of birth

Female Male

Name of school/college at which dependent is a full time student

Address of school/college

Date student first attended Date this term began Anticipated date of graduation

Is student covered by another Blue Cross Blue Shield contract? Yes No

If yes, contract # Group #

2. Dependent student name Date of birth

Female Male

Name of school/college at which dependent is a full time student

Address of school/college

Date student first attended Date this term began Anticipated date of graduation

Is student covered by another Blue Cross Blue Shield contract? Yes No

If yes, contract # Group #

3. Dependent student name Date of birth

Female Male

Name of school/college at which dependent is a full time student

Address of school/college

Date student first attended Date this term began Anticipated date of graduation

Is student covered by another Blue Cross Blue Shield contract? Yes No

If yes, contract # Group #

I hereby request that my health insurance family contracts cover my unmarried dependent student(s).

Parent signature

Date