



FULL TIME STUDENT CERTIFICATION
FOR THE SEMESTER OF: SPRING YYYY

To be eligible for coverage, children aged 19 through 25 must be unmarried and enrolled full-time in an accredited college, university, vocational or technical school. For college and university students, “full-time” is defined as 12 or more units. For students at vocational or technical schools, “full-time” is defined by the institution.

In order to document that your child meets this criteria, please complete and sign this form and return it to Sharp Health Plan in the enclosed pre-addressed envelope.

Employer Group Name: _____

Subscriber Name: _____

Member Identification Number: _____

Student Name: _____

Student Date of Birth: _____

Name of School: _____

Address of School: _____

I hereby certify that the dependent identified above is unmarried and currently enrolled as a full-time student at the accredited school listed above. I understand that Sharp Health Plan reserves the right to contact the school in order to verify this information.

X _____
Subscriber's Signature

Date