



STUDENT CERTIFICATION



An Independent Licensee of the Blue Cross
and Blue Shield Association

TO: **HMSA**

I certify that who is listed as a dependent under my HMSA Agreement and whose birthdate is
(NAME OF CHILD) (MONTH, DAY & YEAR)

is unmarried, wholly dependent upon me, and registered as a full-time student at located in
(NAME OF SCHOOL) (CITY AND STATE)

I understand and agree that:

Subject to the terms of the Group Plan Agreement, coverage for the above named child is extended after the child attains the age of 19, provided that the child is wholly dependent upon the member, is unmarried, is a legal resident of Hawaii, and is enrolled in an educational institution (such as a high school, college, junior college, university, trade school, business school, or industrial educational center) for not less than the minimal number of credit hours required by such educational institution for full time students.

I further understand that the provisions hereof shall apply only upon my signature or that of my employer's authorized representative on my behalf, and that this Student Certification must be renewed annually or as required by HMSA. If my child is no longer eligible for coverage as a student on my plan, I will report ineligible status to my employer or HMSA.

Subscriber's Signature.....

Group's Authorized Signature.....

Subscriber's Membership No.....

Group Name.....

Dependent's Membership No. (if any).....

Group Number.....

Date.....

Effective Date.....