



Oxford Health Plans[®]

Student Verification Information Form

Mailing Address: P.O. Box 7085, Bridgeport, CT 06601-9688 • 800-444-6222

Welcome to Oxford Health Plans.

To properly enroll your student dependent we require verification of full-time student status. If your effective date of coverage with Oxford is between January 1 and August 31, please submit verification for the Spring semester. If your dependent's effective date of coverage with Oxford is between September 1 and December 31, please submit verification for the Fall semester.

Please arrange to have this postage-paid Student Verification Information Form submitted to Oxford at the time of your enrollment.

If your child is not a full-time student, he or she may still be eligible for coverage. For more information, please contact the Benefits Administrator at your company.

If you have any questions, please call our Customer Service Department at 800-444-6222.

Sincerely,

Employer Services Department
Oxford Health Plans

TO BE COMPLETED BY SUBSCRIBER

Employer Name

Group Number

Subscriber Name

Subscriber Social Security Number

Name of Student

Social Security Number

TO BE COMPLETED BY AN ACCREDITED EDUCATIONAL INSTITUTION

Name of School

Address

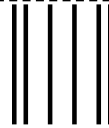
Phone

I confirm _____ is registered as a full-time part-time student
for the _____ 19 ____ semester, which begins on _____ 19 ____ and ends _____ 19 ____.

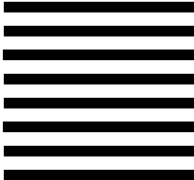
Registrar's Signature

School Seal

Date



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 53 NORWALK, CT

POSTAGE WILL BE PAID BY ADDRESSEE:



Oxford Health Plans®

ATTENTION: STUDENT VERIFICATION
P.O. BOX 7085
BRIDGEPORT, CT 06601-9688

