univera HEALTHCARE
AN EXCELLUS COMPANY

PROOF OF STUDENT STATUS FOR DEPENDENTS 19 – 25

_____ _____/_____/_____ is enrolled
(Name of Dependent Student) (Social Security Number)

as a **full-time** student at _____
(Name of College or High School)

for the _____school year.
(semester)

_____ _____
(Signature of Student) (Signature of School Official)

_____ _____
(Date) (Title of School Official)

_____
(Official School Seal)

He/She wishes to continue coverage under **Univera Healthcare**

_____
(Signature of Subscriber Parent)

WHEN COMPLETED,
PLEASE RETURN THIS FORM TO:

Univera Healthcare
205 Park Club Lane
Buffalo, NY 14221

Attn: Membership & Billing Department