Oxford Health Plans

Student Verification Parent Affidavit Form

To be eligible for student dependent coverage we require verification of full-time student status, please submit verification for the current semester.

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,
Oxford Health Plans

TO BE COMPLETED BY THE SUBSCRIBER

_____
Employer Name

_____ _____
Subscriber Name Subscriber Social Security #

_____ _____
Name of Student Student Social Security #

_____ _____
Name of School Phone Number

_____
Address City State Zip Code

I confirm that the above named dependent is registered as a ☐ full-time ☐ part-time student at an accredited educational institution for the _____ 20___ semester, which begins on _____20___ and ends _____20___.

I attest that the information shown above is true and complete. I understand that failure to complete this form may result in delayed, denied or termination of coverage for the above named dependent. I understand that Oxford Health Plans reserves the right to request additional information as proof of the above-named dependent's full-time status.

Further, any person who knowingly and with intent to defraud an insurance company or other person files a statement or claim containing any materially false information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime, and is also subject to a civil penalty.

_____ _____
Subscriber's Signature **Date**