



# 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 \_\_\_\_\_ 20\_\_\_\_ semester, which begins on \_\_\_\_\_ 20\_\_\_\_ and ends \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
**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

