



# College Student Waiver

**MAIL TO:** MVP Select Care, Employer Account Services, P.O. Box 2207, Schenectady, NY 12301-2207

I, \_\_\_\_\_, am currently attending college on a full-time basis (the equivalent of twelve (12) or more credit hours per semester) and am applying for coverage as a dependent college student. I understand that my eligibility will end once I have reached the maximum age as stated in my Summary Plan Description or I am no longer attending college on a full-time basis, whichever occurs first.

Coverage would be under a Contract, Plan or Certificate of Coverage held by my parent/step-parent/legal custodian or guardian:

Subscriber's Name: \_\_\_\_\_

Name of Subscriber's Employer: \_\_\_\_\_

Student/Dependent's Name: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student/Dependent's MVP I.D. Number: \_\_\_\_\_

Name of College or University: \_\_\_\_\_

College Address: \_\_\_\_\_

College Registrar's Phone Number: \_\_\_\_\_

Dates of Current Enrollment: From (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

Expected Date of Graduation: (Month/Year): \_\_\_\_\_

Current Number of Credit Hours: \_\_\_\_\_

If you are no longer a full-time student, please indicate the month and year you were last enrolled as a full-time student: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note: This form must be completed and submitted to MVP annually.**

**Any questions?** Call toll-free **1-800-229-5851** or visit our Web site at **[mvpselectcare.com](http://mvpselectcare.com)**.