



Dear Member:

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) are committed to keeping you up to date on changes affecting health care coverage for you and your dependents. Please take a moment to read the important information below pertaining to the enclosed student certification form.

For health plans with an effective date on and after October 9, 2009*, a new federal law, Michelle's Law, will allow for continued coverage for dependent children who are certified as dependent students when they take a medical leave of absence from a college, university or vocational school (postsecondary educational institution) due to a serious illness or injury. Dependent children on a leave of absence will be covered for one year from the first day of the leave of absence, or until the date on which the coverage otherwise would end, whichever comes first.

Michelle's Law does not change any benefits. Dependent children on a leave of absence will continue to receive all plan benefits. If the plan changes, dependents will have continued coverage under the new plan until their coverage ends.

Your dependent is eligible for Michelle's Law if the following criteria are met:

- The policy is in effect;
- The plan provides dependent coverage;
- The serious illness or injury and medically necessary leave of absence begins during the plan year;
- The child was enrolled in the plan, on the basis of being a student at a postsecondary educational institution immediately before the first day of the medically necessary leave of absence; and
- There is written certification from the treating physician reflecting that the leave of absence is medically necessary.

Should you have any questions, please call the Member Services telephone number listed on your member identification (ID) card. **So that we may serve you as quickly as possible, please have your ID card available.**

**If your health plan effective date is before October 9, 2009, you will not be eligible for Michelle's Law until your health plan's renewal date the following year.*



Student Certification For Overage Dependent

I certify that my son/daughter, _____, is unmarried, is financially dependent, and is a full-time student enrolled in an accredited school. His/her date of birth is _____.

(Name of School)

(Address of School)

His/her enrollment at the above school began (month) _____ (day) _____ (year) _____; the expected graduation date is (month) _____ (year) _____. I understand that his/her protection under my coverage will terminate on the last day of the calendar month in which he/she ceases to be a full-time student as defined in the Certificate/Evidence of Coverage.

Date

Parent's Signature (Subscriber)

Parent's Identification Number

Please return this form to:

CareFirst BlueCross BlueShield/CareFirst BlueChoice, Inc.
Enrollment & Billing
10455 Mill Run Circle
Owings Mills, MD 21117
Mail Stop 02-330