

Dependent Student Medical Leave Certification Form

Public law 110-381, also known as "Michelle's Law," allows dependent college students insured under their parent's policy to remain covered if they are required to take a medical leave of absence from school or make any other enrollment changes that might cause them to lose dependent student eligibility. In order to qualify for this continued coverage, the dependent must be suffering from a serious illness or injury and the leave of absence or other enrollment changes must be medically necessary, as determined by the treating physician. Such dependents may remain covered *up to* the earlier of: one year after the first day of the medically necessary leave of absence; **or** the date on which such coverage would otherwise terminate under the terms of the plan/coverage. Following the medical leave, student dependents will once again be required to provide student certification in order to remain eligible for dependent coverage.

| SEC | TION 1: To be completed by Subsc | criber. All fields must be co | mpleted. |
|--|---|---------------------------------|---------------|
| | | | |
| Group No. | Subscriber Identification No. | Subscriber Name | |
| Dependent Student Name | | Dependent Student Date of Birth | |
| - | | 1 | |
| Thereby certify that th | he above information is correct. | | |
| Member Signature | | | Date |
| SECTION | N 2: To be completed by Attending | Physician. All fields must b | oe completed. |
| Is the student suffering from a serious illness or injury? | | | |
| Explanation of Med | lical Condition (attach additional in | formation if necessary): | |
| | | | |
| | | | |
| Is the leave of abser | nce or other student enrollment char | nge medically necessary? [| Yes No |
| Date range for medi | | | |
| | Effective I | Date | End Date |
| | | | |
| Attending Physician S | Signature | NPI Number | Date |
| All fields on this form MUST be completed. | | | |

RETURN COMPLETED FORMS TO:

Blue Cross and Blue Shield of Oklahoma

P.O.Box 3283

Tulsa, OK 74102-3283