TakeCare℠
A TanHoldings Company

Part A: Certification of School Attendance

Important Note to Eligible Off Island Student Dependent

For the continuation of benefits and coverage under TakeCare Insurance Company, Inc. ("TakeCare"), this verification form needs to be completed and submitted to TakeCare every school term. Accordingly, a Certification of School Attendance ("the Certification") must be submitted for each of the school term for continuous eligibility for out of service area benefits under the TakeCare plan.

The Certification must be completed and signed by the appropriate school official after the enrollment/drop period and submitted to TakeCare within 30 days after the start of the term. The subsequent Certification must indicate the number of credits completed in the prior term. Non-attendance in the term or failure to submit the Certification within the 30 day deadline constitutes forfeiture of any out of service area benefits for the respective term.

Part B: Student Complete Information and Authorization

Group Effective Date.: ▼

Group ID No.: ▼

Member ID No.: ▼

Last Name: ▼

First Name: ▼

Social Security Number: ▼

DOB: ▼

Student's Complete OFF-ISLAND Physical Address: ▼

City: ▼

State: ▼

Zip Code: ▼

Primary Care Provider Name: ▼

Primary Care Provider Contact Number: ▼

Primary Care Provider Address: ▼

City: ▼

State: ▼

Zip Code: ▼

I authorize the educational institution below, to disclose to TakeCare, all information relative to my status as a student as it pertains to past, current, or future TakeCare coverage and benefits.

Signature of Student: ▼

Date: ▼

Signature of Parent *if student is a minor:* ▼

Date: ▼

Part C: School Certification and Verification

Name of Educational Institution: ▼

Telephone Number: ▼

Fax Number:

Address of Educational Institution:

Type of Educational Institution:

☐ Grade School ☐ High School ☐ College ☐ Graduate School

Status:

☐ Full Time ☐ Part Time

Term:

Start Date of Term:

End Date of Term:

Last Date to Enroll/Drop:

No. of Credits for the current term:

No. of Credits for the previous term *If applicable*:

Full Name (Last Name, First Name) of School Official: ▼

Title of School Official: ▼

Date: ▼

Signature of School Official:

Email Address for School Official:

Please return completed form to TakeCare Customer Service Department | Fax: 647-3542 | Email: customerservice@takecareasia.com

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