

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 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	Addionization				
ast Name: ▼	First Name:	Social Sect	rity Number: 🔻	DOB:▼	
Student's Complete OFF-ISLAND Physical Address:					
Primary Care Provider Name: 🔻			Primary Care Provider Contact Number ▼		
Primary Care Provider Address		_			
I authorize the educational institution below, to disclos TakeCare coverage and benefits.	se to TakeCare, all infor	mation relative to my status a	s a student as it pertains i	to past, current, or fi	
Signature of Student	Date: ▼	Signature of Parent *if student is a min	nor▼	Date:	
Part C: School Certification and Verification	1				
Name of Educational Institution: 🕶	Telephone Number:	▼	Fax Number: ▼		
Address of Educational Institution:					
Type of Educational Institution: ▼	Status: ▼		Term: ▼		
	e School Full Tir ast Date to Enroll/Drop: ▼	No. of Credits for the current term:	No. of Credits for the prev	vious term *If applicable: ¬	
Full Name (Last Name, First Name) of School Official		_ LTitle of School Official ▼	L	Date: ▼	
Signature of School Official: ▼	Email /	Address for School Official: ▼			