



BlueCross BlueShield of Illinois

PO BOX 805107 Chicago, IL 60680-4112

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: 1 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.

Blue Cross Blue Shield Member Please fill out the information below for the Dependent Student

Employer Name _____

Employer Group number _____

Subscriber Identification number _____

Subscriber Name _____

Student Name _____

Student Member DOB ____/____/____

I hereby certify that the above information is correct.

Signature of Member _____ Date _____

Please have the attending Physician complete the following and sign below:

Is the student suffering from a serious illness or injury? ___Yes ___No

Explanation of Medical Condition _____

Is the leave of absence or other student enrollment change medically necessary?

___Yes ___No

Date range for medical leave. Effective Date _____ End Date _____

Signature of attending Physician _____ Date _____