



404 Baltimore Street \* Gettysburg, PA 17325-1060 \* (717) 334-9247 \* Fax: (717) 334-0629

## STUDENT CONFIRMATION FORM

|  |              |                     |
|--|--------------|---------------------|
| Plan Participant   | Group Name   | Group Number        |
| Dependent Name   | Relationship | ID # or Agreement # |
| The dependent named above<br>Is a full-time student at _____ |              |                     |
| Anticipated graduation date _____                            |              |                     |
| Plan participant signature                                   | Date         |                     |

Please complete this form and send it to our Member Service Department at:  
Gettysburg Health Administrators, Inc.  
P.O. Box 1060, 404 Baltimore Street  
Gettysburg, PA 17325-1060  
800-497-4474- Phone  
717-334-5851- Fax  
[www.GettHealth.com](http://www.GettHealth.com)