



STUDENT CONFIRMATION FORM

Plan Participant	Group Name	Group Number
Dependent Name	Relationship	ID# or Agreement#
The dependent name above Is a full-time student at _____		
Anticipated graduation date _____		
Plan Participant signature	Date	

Continuing Coverage Allowed Under Michelle's Law

Michelle's Law (H.R. 2851) allows a dependent child's group health plan coverage to continue while he or she is on a medically necessary leave of absence from a post-secondary education institution. The leave of absence must result from a serious illness or injury.

Coverage can continue until the earlier of:

1. one year after the first day of the leave of absence; or
2. the date on which the dependent's coverage would otherwise end under the plan. For example, when the dependent reaches the plan's maximum age for student coverage.

Michelle's Law requires written certification by the dependent's treating physician.

Physician's Statement

To the Physician: Please complete and sign the following form to certify the dependent's child's medically necessary leave of absence.

I certify that _____ is suffering from an illness or injury, and that he or she is on a medically necessary leave of absence as a result of the illness or injury.

The medically necessary leave of absence began on ____/____/____.

Physician's name (Please print) _____

Physician's signature _____ Date: ____/____/____

Please complete this form and send it to our Member Service Department at:

Phone: 800-497-4474 Fax: 717-334-5851
www.GettHealth.com