AmeriHealth
ADMINISTRATORS

Student Confirmation

Oxford Area School District

Plan participant	Group name	Group number

Dependent	Relationship	Agreement

The dependent named above
is a full-time student at _____

Anticipated graduation date _____

Plan participant signature	Date

Please complete this form and send it to the Eligibility Department at:

AmeriHealth Administrators
720 Blair Mill Road • Horsham, PA 19044
800-492-2385 Tel • 215-657-3436 Fax
www.amerihealth-tpa.com