



IF YOU ARE CLAIMING FOR A DEPENDENT CHILD (AGED 18 OR 21 AND OVER BUT UNDER 25) PLEASE PROVIDE THE FOLLOWING INFORMATION:

GIVEN NAME	NAME OF SCHOOL, COLLEGE OR UNIVERSITY BEING ATTENDED	SEMESTER	FULL TIME	PART TIME

\* PLEASE INDICATE THE TOTAL AMOUNT SUBMITTED FOR EACH PATIENT, PER CALENDAR YEAR.

GIVEN NAME	DATE OF BIRTH			SEX	RELATIONSHIP	AMOUNT SUBMITTED	CALENDAR YEAR	FOR BLUE CROSS USE ONLY
	D	M	Y					
<b>TOTAL</b>								

NOTE: FOR CONVENIENCE, THE MASCULINE GENDER USED IN THIS DOCUMENT ALSO INCLUDES THE FEMININE GENDER.