



**Horizon Blue Cross Blue Shield of New Jersey**

Dental Programs  
Three Penn Plaza East  
PO Box 1710  
Newark, NJ 07101

Dear Subscriber:

In order to properly process your application, it is necessary that you supply us with student information for your dependent within 31 days of this notice.

Under the terms of your contract, dependent children over the age of 19, and up to the student age maximum as specified in your group contract, are eligible for coverage if they are currently attending an accredited school, institution of higher learning or secondary school on a full-time basis. That is, if your dependent is enrolled as a full-time student (12 or more credit hours or as defined by the accredited school).

We must receive proof that he or she is a full-time student at an accredited school, institution of higher learning or secondary school. The proof must contain the dependent's name, the name of the school, whether or not the dependent is a full time student and the academic period for which they are enrolled.

Please provide us with one of the following pieces of documentation containing the above information as proof of your child's full-time student status:

1. A signed letter from the school Registrar on the school's letterhead
2. A signed letter from the subscriber with a stamp or signature from the school
3. A current course schedule showing the person's name and indication of full time status
4. A current paid tuition receipt
5. Documentation from the National Student Clearinghouse

Your dependent will not be considered as enrolled until Horizon BCBSNJ Dental Programs receives the documentation for full-time student status requested above.

Return this letter along with the requested documentation for full-time student status within 31 days to the address noted above. Upon receipt of the documentation within 31 days, your dependent will be enrolled with coverage retroactive to the initial date of enrollment.

Sincerely,

Enrollment Specialist