



# STUDENT WAIVER FORM DENTAL

**MAIL TO:** MVP Health Care, Employer Account Services, P.O. Box 2207, Schenectady, NY 12301-2207

Although the recently-passed Patient Protection and Affordable Care Act (PPACA) provides dependent coverage through age 26, the legislation does not apply to dental coverage.

*Coverage would be under a Contract, Plan or Certificate of Coverage held by my parent/step-parent/legal custodian or guardian:*

**This verification form only applies to dental coverage. This does not impact your medical coverage.**

I, \_\_\_\_\_, am currently attending college on a full-time basis (the equivalent of 12 or more credit hours per semester) and am applying for coverage as a dependent student. I understand that my eligibility will end once I have reached the maximum age as stated in my MVP Contract, Plan or Certificate of Coverage, or once I am no longer attending college on a full-time basis, whichever comes first.

Name	Member Name
MVP ID #:	Student Stop Age
Group Name	Group #:
Name of College or University	
Address of College or University	
Registrar's Phone Number	
Student's Social Security #	Date of Birth

**DATES OF CURRENT SCHOOL ENROLLMENT:**

**EXPECTED DATE OF GRADUATION:**

From (Month/Year) \_\_\_\_\_

Month/Year \_\_\_\_\_

To (Month/Year) \_\_\_\_\_

Number of Courses \_\_\_\_\_ Credits per Course \_\_\_\_\_

If you are no longer a full-time student, please indicate the month and year you were last enrolled as a student \_\_\_\_\_

**SIGNATURE**

**DATE**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Please note: This form must be completed and submitted to MVP annually.**

**Any questions?** Call toll-free 1-888-MVP-MBRS (687-6277) or visit our website at [mvphealthcare.com](http://mvphealthcare.com).