



MASSACHUSETTS

## STUDENT MEDICAL LEAVE AFFIDAVIT

### Section I: Medical Leave Affidavit

I hereby certify that \_\_\_\_\_  
(Student Name) \_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Date of Birth) is on a medical leave of absence from

\_\_\_\_\_  
(Accredited Educational Institution) \_\_\_\_\_  
(Registrar office's phone number)

\_\_\_\_\_, \_\_\_\_\_  
(City/Town) (State) (Zip Code)

as certified by \_\_\_\_\_  
(Name of Physician) \_\_\_\_\_  
(Physician's office phone number)

Effective Date of Medical Leave: \_\_\_\_\_  
(Date)

Attached Physician's written statement certifying the medical necessary leave.

### Section II: Signature requirements

I hereby certify that information provided above is true and accurate. I further agree to inform Blue Cross Blue Shield of Massachusetts immediately of any changes to this information. I authorize Blue Cross and Blue Shield of Massachusetts to confirm the information I have provided with the attending physician identified and to use this information to determine whether the individual I have identified as a student on medically necessary leave above is in fact eligible for continued health care coverage. I further authorize the physician identified above to release information to Blue Cross and Blue Shield of Massachusetts in order to verify student's medically necessary leave status and determine eligibility for coverage. If I misrepresent or provide false or incomplete information, my membership and/or the Student's membership may be terminated (including retroactively) at the discretion of Blue Cross and Blue Shield of Massachusetts and / or my employer.

I understand that this signed affidavit must be received by Blue Cross Blue Shield of Massachusetts before any coverage can become effective for any dependent.

\_\_\_\_\_  
(Date) \_\_\_\_\_  
(Print Subscriber's Name) \_\_\_\_\_  
(Subscriber's Signature)

\_\_\_\_\_  
Print BCBSMA ID # from ID Card

**Return to:**  
**Enrollment Operations**  
**PO Box 986001**  
**Boston, MA 02298-6001**