

Student Blue™

Request for Retroactive Member Change

For eligibility request changes greater than 60 days retroactive

Section 1 - Insured Information

Name of Insured Gender: Male / Female
Student ID Date of Birth
Street Address
Clty/ State/ Zip

Section 2 - Request

- I request retroactive termination
 I request retroactive activation

..... / / Requested termination or activation date

Section 3 - Explanation

Please describe the reason for the requested change:

Section 4 - Authorization by appointed employee

Print Name Title
Signature Date

fax: 919.313.2020

email@studentbluenc.com