UnitedHealthcare
A UnitedHealth Group Company
PO Box 30775 Salt Lake City, UT 84130

Student Medical Leave Certification Form Instructions

Effective on plan years on or after 10/9/09, health plans administering health coverage for all commercial group and individual medical plans are required by federal law (Michelle's Law) to extend coverage of students enrolled in educational programs past high school who must take a medically necessary leave of absence due to illness or injury, and who therefore lose their full-time student status coverage under the plan.

A health plan is only required to comply with the extended coverage if it receives written certification from the dependent's (student's) treating physician stating that he/she is suffering from a serious illness or injury and that the leave of absence (or other change in enrollment, such as a change from a full-time to part-time student) is medically necessary.

The extended coverage ends with the earlier of:
(1) one year after the leave of absence begins; or
(2) the date on which the child's coverage under the Plan would otherwise terminate.
Please refer to your Certificate of Coverage for additional information pertaining to the extended coverage.

How do I submit a request?

Please complete the attached form with both the dependent (student) information as well as the physician's certification. **All information fields must be completed in order for request to be processed.**

Section I: Dependent (Student) information

• Enter the information specific to the dependent (student) for whom this certification relates.

Section II: Your information

• Enter the information specific to yourself, as the person completing the form.

Section III: Information from your plan's explanation of benefits, health statement or medical ID card

• The items to be completed in this section can be found on your Medical ID card.
• The subscriber ID is a nine-digit number
• The group number is a five- to seven-character number.
Please note: Demographic information such as your address cannot be updated by submitting this form. Please contact your employer with any updates to this information.

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Section IV: Physician's Certification

• This section must be completed and signed by the physician or authorized physician's representative

Section V: Submitting your request

• **Complete and submit only the form that appears on the following page.**

• Keep this instruction page for your records, as well a copy of the completed form.

• Mail the form with any related attachments to:

UnitedHealthcare Eligibility
PO Box 30775
Salt Lake City, UT 84130

Or, fax this form and any related attachments to:

(248) 733-6080

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DEPENDANT (STUDENT) INFORMATION

Dependant (Student) Name:

Last ________________________ | First ________________________ | MI __________

Dependant (Student) Date of Birth ___/___/_____

YOUR INFORMATION

Name of person completing this form:

Last ________________________ | First ________________________ | MI __________

Address: ________________________ | City ______________ | State __________ | Zip __________

Phone Number: ________________________ | Ext ________________________

Relationship to the dependant (student) (check one box below)

- ▫ Self
- ▫ Parent/Legal Guardian
- ▫ Provider of Service
- ▫ Other____

SUBSCRIBER INFORMATION

Subscriber Name:

Last ________________________ | First ________________________ | MI __________

Subscriber ID Number (nine digit number) ________________________

Group/Contract Number (five to seven digits)

PHYSICIAN/HEALTH CARE PROFESSIONAL CERTIFICATION INFORMATION

Tax Identification Number: ________________________

Physician Name:
Last ________________________ | First ________________________ | MI __________

Please fill in the blanks:

I,____, do hereby certify that I have examined the dependant

(student)_____________________________________ and have determined that he/she must take a medically necessary

leave of absence from full-time post high-school education, due to serious illness or injury.

Start date of leave of absence _____ / _____ / __________ Signature ____

- All of the above information is required to process requests. Incomplete forms may delay processing.
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