Dental Plan Coverage Student Extension Application

This request for coverage extension ***only*** *applies to the MVP Health Care® dental plan under Contract, Plan, or Certificate of Coverage held by the student's parent, stepparent, legal custodian, or legal guardian.* ***This request only applies to dental coverage, it does not impact medical coverage.***

A new request must be submitted each year the student remains enrolled on a full-time basis.

Section 1: Information About Student/Dependent *(please print)*

Student/Dependent Name *(First, Middle Initial, Last)*	Date of Birth	MVP Member ID No.

Social Security No.	Student Stop Age	Group Name	Group No.

Current Semester Enrollment Term *(Month/Year)* ***From*** ***To***	Expected Date of Graduation *(Month/Year)*	Number of Courses Taken in Current Semester	Credits per Course

Section 2: Information About the College or University

Name of College or University	Registrar's Phone No. ( )

Street Address	City	State	Zip Code

Section 5: Attestation

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 the MVP Contract, Plan, or Certificate of Coverage held by my parent, stepparent, legal custodian, or legal guardian, or once I am no longer attending college on a full-time basis, whichever comes first.

I understand that 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 be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I have read and agree to this attestation.

Signature Date

Return this completed extension application to:

ATTN: MEMBER OPERATIONS
MVP HEALTH CARE
PO BOX 2207
SCHENECTADY NY 12301-2207

Questions? We're here to help!
Call the MVP Customer Care Center phone number on the back of your MVP Member ID card or visit **mvphealthcare.com**.