



**DEPENDENT STUDENT LEAVE OF ABSENCE CERTIFICATION FORM**

Public Law 110-381, more commonly known as “Michelle’s Law,” is a Federal law that allows dependent children attending an accredited postsecondary educational institution to remain covered if they are required to take a medical leave of absence from school that would cause them to lose dependent student eligibility. In order to qualify for this continued coverage, the dependent child must be suffering from a serious illness or injury and a leave of absence from the child’s school must be Medically Appropriate and Necessary, as certified below by the child’s treating physician. The dependent child will remain covered: (1) for one year after the first day of the Medically Appropriate and Necessary leave of absence; **or** (2) until the date on which coverage would otherwise terminate under the terms of the benefit plan, whichever time period occurs first.

Michelle’s Law is effective for Blue Cross Blue Shield of Wyoming members on the following dates:

- Individual Health Insurance Plans – October 10, 2009
- Group Health Insurance Plans – on group anniversaries on or after November 1, 2009

**STUDENT INFORMATION (must be completed by Member)**

Contract Number \_\_\_\_\_ Member’s Name \_\_\_\_\_

Student’s Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Member’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**TREATING PHYSICIAN CERTIFICATION (must be completed by treating physician)**

Is this a serious illness or injury? Yes      No

Description of medical condition:  
\_\_\_\_\_  
\_\_\_\_\_

Is the leave of absence Medically Appropriate and Necessary? Yes      No

Beginning date for the leave of absence. \_\_\_\_\_

I certify that the responses made by me on this certification form are true, complete and correct to the best of my knowledge and belief.

Treating Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Treating Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**RETURN COMPLETED FORM TO:**

Blue Cross Blue Shield of Wyoming  
PO Box 2266, Cheyenne WY 82003  
Fax: 307-634-5742

If you have any questions about this form, please contact our Member Services Department at the telephone number listed on the back of your Identification Card.