



PIEDMONT COMMUNITY
HEALTH CARE

OFFICE USE ONLY

NETWORK:

Out-Of-Area College Student Registration Form

This benefit is available to all fully insured and some self-insured members.

Please check with your employer to confirm availability.

▶ Subscriber Name: _____

▶ Subscriber ID#: _____

▶ Subscriber Employer Company Name: _____

▶ College Student/Dependent Name: _____

▶ College Student/Dependent Date of Birth: _____

▶ Name of College/University Attending: _____

▶ Address of College/University: _____

▶ Date Entering College: _____

▶ Anticipated Graduation Date: _____

Please submit this form along with your enrollment form or within 30 days prior to start of student attendance to:

**Student Coverage
Piedmont Community Health Care
1937 Thomson Drive
Lynchburg, VA 24501**

Fax: 434-845-1850

Phone: 434-947-4463, 800-400-PCHP