

# 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 .....

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