



PIEDMONT COMMUNITY
HEALTH PLAN

Out-Of-Area College Student Registration Form

- ▶ 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 Plan
1937 Thomson Drive
Lynchburg, VA 24501**

**Fax: 434-845-1850
Phone: 434-947-4463, 800-400-PCHP
www.pchp.net**