



ANNUAL STUDENT CERTIFICATION FORM

Please complete in **BLOCK LETTERS**. Incomplete forms will not be processed.

I, the undersigned, hereby certify that my son/daughter,

Please Print Name of Dependant

is unmarried, financially dependent on me, and a full-time student enrolled in an accredited educational institution.

Name of School / Institution (*Please Print*)

Address of School / Institution

Enrolment Date (DD-MM-YYYY): _____

Completion Date (DD-MM-YYYY): _____

Please find attached the acceptance/confirmation letter from the above-named institution for the current enrolment, attesting to full-time studies.

I understand that my son's/daughter's coverage will terminate upon any or all of the following events:

- a) One year from the date of enrolment at the educational institution, unless renewed;
- b) When he/she attains age 25;
- c) If he/she ceases to be financially dependent;
- d) If he/she marries;
- e) If he/she ceases to be a full-time student.

Name of Employee or Insured (*Block Letters*)

Certificate Number or Policy Number

Signature of Employee or Insured

Date

Name of Company (*If applicable*)

Signature of Witness for the Company

Date

