



ANNUAL STUDENT CERTIFICATION FORM

(PLEASE PRINT)

I _____ hereby certify that my son/daughter _____
NAME OF EMPLOYEE *NAME OF DEPENDENT*

is unmarried, financially dependent on me, and a full-time student enrolled in an accredited school:-

NAME OF SCHOOL: _____

ADDRESS OF SCHOOL: _____

ENROLLMENT DATE: _____ *COMPLETION DATE:* _____
(month/day/year) (month/day/year)

I have attached the acceptance letter for the current enrollment, attesting to full-time studies.

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

- 1. one year from the date of enrollment at the college/university, **unless renewed**;*
- 2. when he/she attains age twenty-three (23);*
- 3. if he/she ceases to be financially dependent;*
- 4. if he/she marries;*
- 5. if he/she ceases to be a full-time student.*

Employee's Signature: _____ *Employee's Cert #:* _____ *Date:* _____

Name of Company: _____ *GT#:* _____

Company Stamp:

Plan Administrator (PRINT NAME)

Plan Administrator's Signature