



## ANNUAL STUDENT CERTIFICATION FORM

I understand that protection under my Family Coverage will terminate:-

- a) One year from the time of enrollment at the college/university, **unless renewed**.
- b) Will also terminate when the dependent attains age twenty-five (25).
- c) If he/she marries, ceases to be financially dependent and
- d) ceases to be a full-time student.

I hereby certify that my son/daughter (*please print name*) \_\_\_\_\_  
is unmarried, financially dependent, and a full-time student enrolled in an accredited institution:-

\_\_\_\_\_  
**Name of Institution**

\_\_\_\_\_  
**Address of Institution**

His/her enrollment at the above college/university is/was:-

\_\_\_\_\_  
Month                      Day                      Year

Completion Date:-

\_\_\_\_\_  
Month                      Day                      Year

An acceptance letter for the current enrollment, attesting to **full-time** studies **MUST** accompany this form annually.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name (*Please Print*)

\_\_\_\_\_  
Certificate No.

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness for the Company