



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-three (23).
- 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