

CERTIFICATE FOR DEPENDENT STUDENT



To be completed by the policyholder
(PLEASE USE BLOCK LETTERS)

If any of your dependents is a full-time student between 19 and 24 years old, please fill out a Certificate for Dependent Student for each dependent and provide evidence of full-time accredited university or college. Return all documentation with your renewal payment to guarantee insurance coverage.

1. POLICYHOLDER INFORMATION

Policyholder name	Last name	First name	M.I.	Policy No.	
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I,

Last name	First name	M.I.
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 certify that the information below is complete and truthful to the best of my knowledge. I also certify that my dependent child named below is not married. I understand that any omissions, incorrect or incomplete statements could cause claims to be denied, and the policy to be modified, cancelled, or rescinded.
I am also enclosing a certificate/affidavit from the corresponding college or university as evidence of full-time enrollment.

2. DEPENDENT

Dependent student name	Last name	First name	M.I.	DOB	MM / DD / YY
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Is a full-time student at:

College/university name	
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Complete address	
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City		State		Country		Telephone	
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For the period:

Starting on:	MM / DD / YY	And ending on:	MM / DD / YY
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3. SIGNATURE

Policyholder signature		Date	MM / DD / YY
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