CERTIFICATE FOR DEPENDENT STUDENT

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.
Poly No.			

2. DEPENDENT

Dependent student name	Last name	First name	M.I.	DOB	MM / DD / YYYY
Is a full-time student at:					
College/university name					
Complete address					
City		State			
Country		Telephone			
For the period:					
Starting on:	MM / DD / YYYY	And ending on:	MM / DD / YYYY		

3. SIGNATURE

I 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incorrect or incomplete statements could cause claims to be denied, and the policy to be modified, cancelled, or rescinded.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.

Policyholder signature		Date	MM / DD / YYYY

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