



## ANNUAL STUDENT CERTIFICATION FORM

<b>Name</b>	LAST NAME	FIRST NAME	MIDDLE NAME
<b>Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Marital Status</b>	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>
<b>Policy Number (s)</b>			
<b>Date of Birth</b>	(DD/MM/YYYY)	<b>Nationality</b>	<b>Status</b> <input type="checkbox"/> Citizen <input type="checkbox"/> Resident
<b>National Registration #</b>	<b>Passport Number</b>	<b>Driver's Licence Number</b>	
<b>Residence Address</b>			<b>Duration</b>
<b>Telephone contact</b>	HOME	BUSINESS	CELL
<b>Email contact</b>			

I understand that protection under family coverage will terminate:

- (a) One year from the time of enrollment at the University/College unless confirmation of continued study is received.
- (b) When the dependant attains age twenty-five (25).
- (c) If the student marries or ceases to be financially dependent.
- (d) When the dependant ceases to be a full-time student.

I hereby certify that my son/daughter \_\_\_\_\_ is unmarried, financially dependent and a full-time student enrolled in an accredited school.

Name of College/ University			
Address of College/ University			
His/ her enrollment at the above College/ University is/was:	MONTH	DAY	YEAR

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

Employee Name _____	Certificate # _____	Date _____
Name of Company _____		
Witness for the Company _____	Date _____	

**FOR OFFICIAL USE ONLY**

