

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incorrect or incomplete statements could cause claims to be denied, and the policy to be modified, cancelled, or rescinded.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