



Student Certification

For an Over-age Dependent

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|-----------|-------------------------|
| Employer: | Subgroup: |
| Employee: | Social Security Number: |

I hereby certify that my son/daughter, _____
is unmarried, is financially dependent on me for support, and is a full-time student enrolled in an
accredited school. His/her date of birth is _____.

He/She attends:

| |
|-------------------|
| School Name: |
| Street Address: |
| City, State, Zip: |

His/her enrollment at the above school began _____; the expected
graduation date is _____. I understand that his/her protection under my
coverage will terminate according to the Summary Plan Description for my group.

Employee's
Signature: _____ Date: _____

Return completed form to:
NCAS
P.O. Box 10136
Fairfax, VA 22038-8022