



# DEPENDENT STUDENT CERTIFICATION FORM

To Be Completed by Subscriber

Subscriber's Certificate Number: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_  
(Last Name) (First Name) (MI)

Subscriber's Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code + 4)

Student's Name: \_\_\_\_\_  
(Last Name) (First Name) (MI)

Student's DOB: \_\_\_\_\_ Student's Social Security No: \_\_\_\_\_  
(Month) (Day) (Year)

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Semester:  Fall  Winter  Spring  Summer \_\_\_\_\_  
Month Year Year of Study (Circle One): 1st 2nd 3rd 4th 5+

Has student served in the Armed Forces: Yes  No  If Yes: From \_\_\_\_\_  
(Month) (Day) (Year)

**DEFINITION OF DEPENDENT STUDENT:** A full-time dependent student is a person who meets all of the following conditions: He/she is at least 19 years of age, unmarried, receives at least half of his/her support from the employee or member, and is enrolled full-time in an accredited secondary or preparatory school or college.

I certify that my dependent, \_\_\_\_\_ meets all of the following requirements for eligibility as a dependent student

	Yes	No
A. 19 years of age or older	<input type="checkbox"/>	<input type="checkbox"/>
B. Unmarried	<input type="checkbox"/>	<input type="checkbox"/>
C. Receives at least half of his/her support from the employee or retired employee	<input type="checkbox"/>	<input type="checkbox"/>
D. Is a full-time student in an accredited secondary or preparatory school or college	<input type="checkbox"/>	<input type="checkbox"/>
E. Expected date of graduation _____		

I agree to advise GHI promptly of any changes in my child's dependent student status.

\_\_\_\_\_  
(Subscriber's Signature) \_\_\_\_\_  
(Date)

Mail Form to: GHI P.O. Box 2821, New York, NY 10116-2821

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.