



Student Certification

For an Over-age Dependent's Student Status and/or Student Medical Leave

Employer:	Subgroup:
Employee:	Identification 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 _____ Month/Day/Year. I understand that his/her protection under my coverage will terminate according to the Summary Plan Description for my group.

Employee's Signature: _____ Date: _____

Certification of Student Medical Leave - If the dependent is seeking a medically necessary leave of absence from school, in addition to the information provided above, the dependent's physician must complete the following and sign below:

The undersigned physician hereby certifies that the above-named dependent student is suffering from a serious illness or injury and that the dependent's leave of absence (or other change in enrollment of the dependent at the school) is medically necessary.

Description of dependent's medical condition: _____

Date of dependent's medical leave: Beginning Date: _____ End Date: _____
 Month/Day/Year Month/Day/Year

I hereby certify that the above information is true and complete:

 Signature of Attending Physician Date

Return completed form to:
NCAS
P.O. Box 3065
Fairfax, VA 22038