

Trustmark

LIFE INSURANCE COMPANY

Dependent Student Certification

Member's Name: _____ SS#: _____

Member's Address: _____

Group Name/Number: _____

This certification is valid only for 12 months after the start of the current enrollment. Verification of Student Status is required to be submitted annually as long as the dependent is a full-time student, unmarried and under limiting age. Please notify us immediately if information changes.

Dependent's Name: _____ SS#: _____

Dependent's Date of Birth: _____

I certify that this dependent is a full-time student in an institution of higher learning, and that the following information provided is true, to the best of my knowledge.

Name of School: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Registrar's Phone Number: _____

This dependent is currently enrolled in _____ credits or _____ hours.

Current semester start date: _____ Estimated Graduation Date: _____

I certify that he/she is 19 years of age or older, unmarried, dependent upon me for support and maintenance and that I claim him/her as an exemption on my federal tax returns.

Date: _____

(Signature)

Trustmark periodically confirms student status information with the college or university. In order to confirm the information directly from the university, we need an authorization from the student. To avoid future claim payment delays, please print this form when completed, sign, and mail to Trustmark Life Insurance Company, PO Box 7904, Lake Forest, IL 60045.

I authorize said institution to release any information regarding the enrollment status of my son/daughter.

Signature of Parent: _____ Date: _____

I authorize the above institution to release any information regarding my enrollment.

Signature of Student: _____ Date: _____

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www.trustmarklife.com