

CERTIFICATE OF SCHOOL ATTENDANCE

FOR DEPENDENTS



☐ BEST DOCTORS INSURANCE LIMITED

Important: Please complete this form to ensure that your dependent continues to enjoy the coverage and benefits brought to you by Best Doctors Insurance Limited.

☐ PRIMARY MEMBER DETAILS

_____ LAST NAME(S)	
_____ FIRST NAME(S)	_____ COUNTRY OF RESIDENCE
_____ POLICY NUMBER	_____ DATE OF BIRTH (M/D/Y)

☐ DEPENDENT DETAILS

_____ LAST NAME(S)	
_____ FIRST NAME(S)	_____ DATE OF BIRTH (M/D/Y)
_____ NAME OF SCHOOL/INSTITUTION	_____ ENROLLMENT IN THE SCHOOL/INSTITUTION BEGAN (M/D/Y)
_____ ADDRESS OF SCHOOL/INSTITUTION	_____ EXPECTED GRADUATION DATE (M/D/Y)

☐ ACKNOWLEDGEMENT AND AUTHORIZATION

I (primary member), _____, certify that my dependent named on this form is single, financially dependent, and a full time student enrolled in an accredited school/ institution and I understand that:

1. Coverage for dependents remains in effect until the following policy anniversary date after having reached 18 years of age, if single.
2. Coverage for dependents older than 18 years of age may remain effective if they are full-time students at an accredited school/ institution and until the following policy anniversary date, upon the dependent's 24th birthday.
3. Best Doctors Insurance Limited reserves the right to request a student certification from the school/institution in which the student is enrolled.
4. If a dependent child marries or discontinues being a full-time student, coverage for such a dependent will terminate on the policy termination date.
5. Dependents that are covered under your policy and who are otherwise eligible for coverage under their own individual policy, will be approved without being subject to underwriting for the same conditions and restrictions under the prior policy. The Application for these dependents must be received before the anniversary and/ or end of the grace period of the prior policy.

_____ SIGNATURE OF PRIMARY MEMBER OR LEGAL GUARDIAN	_____ DATE (M/D/Y)
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