Man-U Service Contract Trust Fund

STUDENT CERTIFICATION FOR DEPENDENT CHILD OVER AGE 19

Please Complete All Blanks

(If you have questions - call the Fund Office at 410-872-9500)

I certify that _____ whose date of birth is
(Print Name of Student)

_____, is my _____ and is a full-time student enrolled
(Date of Birth) (Daughter / Son)

at _____, an accredited school or college
(Name of School or College)

on _____ and the expected date of graduation is _____.
(Date) (Print Expected Date of Graduation)

My Son / Daughter is unmarried and financially dependent on me and I understand that his/her protection under my family coverage will terminate on the last day of the calendar month in which he/she marries or ceases to be financially dependent on me, or ceases to be a full-time student, or reaches his/her 23rd birthday.

I understand that it is my obligation to notify the Fund Office promptly upon occurrence of any of these events.

_____	_____	_____/_____/_____
Member's Signature	**Social Security Number**	**Date Signed**

TO BE COMPLETED BY SCHOOL OR COLLEGE

School Insurance

Name of School Insurance Carrier through which Student is covered during school term

_____
(Name of Insurance Carrier)

_____
(Address)

_____

_____

_____
Policy Number

Certification

I certify the above named student is enrolled in this school as a FULL TIME student.

AFFIX SCHOOL SEAL

_____
(Name of School)

Enrolled for school term _____/_____

_____ _____
Registrars Office Date

_____
Print Name and Title

NOTE: (1) THE FUND WILL NOT PROVIDE FOR THE PAYMENT OF ANY PORTION OF MEDICAL EXPENSE WHICH IS COVERED UNDER THE POLICY OF INSURANCE PURCHASED OR PROVIDED THROUGH THE SCHOOL OR COLLEGE.

(2) A separate student certification must be filed for each dependent child over age 19.

(3) Student Certification must be renewed each Semester and without notice from Fund Office. No claim will be considered until renewal is filed.

MAIL COMPLETED FORM TO:

Carday Associates, Inc.
7130 Columbia Gateway Drive Ste. A
Columbia, MD 21046