

**Notice to Insured Persons:** Your insurance requires submission of valid Proof of Claim within a limited time frame as indicated in your Certificate. This document is an essential part of Proof of Claim. Failure to submit an accurate, legible, completed and signed Student/Scholar Verification, together with a Claimant's Statement and Authorization and all required attachments, within the specified time frame will result in processing delays and may result in denial of coverage for failure to submit Proof of Claim

## PART A: Insured Person Information

Full Name: (as it appears on ID card)	Date of Birth: (mm/dd/yyyy)	Gender: Male      Female
ID Number: (found on ID card)	Passport/Visa Number:  Attach a complete copy, include every page even if blank	

## PART B: Student/Scholar Information

1. A. Are you an undergraduate student at a college or university or a high school student?  
           Yes            No

B. If yes, number of hours taken/completed during current or most recently completed semester if on a break:

C. Name, address and telephone number of college, university or secondary school:

D. Name of counselor/professor/instructor or other program administrator we can contact if needed:

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2. A. Are you a graduate student, teacher, researcher or professor?  
           Yes            No

B. If yes, number of hours of scholar activities per week during current or most recently completed semester if on a break:

C. Name, address and telephone number of college, university or secondary school:

D. Name of dean/counselor/professor or other program administrator we can contact if needed:

## PART C: Verification

I verify that all information contained in this form is true, correct and complete to the best of my knowledge.

<b>Printed Name of Insured:</b>	<b>Date: (mm/dd/yyyy)</b>
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**Signature of Insured:**