

# Generali Worldwide Health Insurance – Student Certification Form



Please complete all sections in **BLOCK CAPITALS** or tick the boxes, where appropriate.

**LOCAL FULL-TIME COLLEGE STUDENT**  **OVERSEAS FULL-TIME STUDENT**

I understand that protection under my family coverage will automatically terminate for my dependants:

- a) at age 19 unless a full-time student at a college/ university,
- b) when my dependant attains age twenty-five (25),
- c) if he/she marries or ceases to be financially dependant,
- d) ceases to be a full-time student, or
- e) spends more than 180 days outside the Bahamas\*.

I hereby certify that my son/ daughter:

Date of Birth:

(Print name please)

Aged 19 – 24, is unmarried, financially dependant and is a full-time student enrolled in an accredited institution.

or

Is under the age of 19, financially dependant and is a full-time student enrolled in an accredited institution.

Name of College/ University/ School:

Address of College/ University/ School:

His/her enrolment at the above college/ university/ school is:

\*Your Plan provides that coverage terminates on the date an Eligible Dependants becomes a resident of another country or spends more than 180 days outside the Bahamas, except for Eligible Dependants who reside abroad on a temporary basis for educational purposes as a full time student attending an accredited college or university.

If your dependant is 19 years or older, a letter from the college confirming student status, a copy of tuition slip or a copy of transcript for the current enrolment attesting to full-time studies MUST accompany this form and is required each subsequent January and September until completion or the dependant is no longer eligible to receive benefits.

Insured's name:

Policy ID Number:

Insured's Signature

Date:

Witness for the Company

Date:

Expected Graduation Date:

**Points to Note:**

Proof of full time student status is required at the commencement of studies and will also be required twice per year in January and September.

Office: Generali Worldwide, 2nd Floor, Campbell Maritime Centre, West Bay Street, Nassau, Bahamas.

Mailing Address: Generali Worldwide, P.O. Box AP-59217, Slot 2052, Nassau, Bahamas.

Licensed by the Insurance Commission of the Bahamas to carry on long-term insurance business in the Commonwealth of the Bahamas.

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**Generali Worldwide is a trading name of Utmost Worldwide Limited**

Registered Head Office address: Utmost Worldwide Limited, Utmost House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.

Regulated in Guernsey as a licensed insurer by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended).

Incorporated in Guernsey under Company Registration No. 27151.

generali-healthcare.com

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