

*McKenzie & Company*

Employee Benefits Advisors

NON-UNIT  
STUDENT CERTIFICATION FORM

Thank you for selecting the Non-Unit Health & Welfare Fund Dental Plan. Your family membership provides coverage for full-time students to age 25. Please complete the following information so that we can continue to provide coverage for your son or daughter while he or she is a student.

Student's Name: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Effective Date of School Enrollment: \_\_\_\_\_

Name of School: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Subscriber's Dental Plan ID Number: \_\_\_\_\_  
(usually your Social Security #)

\_\_\_\_\_  
Subscriber's Signature Date

Please return completed form to:

*McKenzie & Company*  
*P.O. Box 6239*  
*John F. Kennedy Station*  
*Boston, MA 02114-0015*

Please have this form stamped by the school Registrar's Office or attach a copy of your child's paid tuition bill.

\_\_\_\_\_ is enrolled as a full-time Student.

\_\_\_\_\_  
School Certification (stamp)