

International Medical Group®, Inc.
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DEPENDENT STUDENT CERTIFICATION

Group Name _____ Group# _____
Insured's Name _____ Identification # _____
Insured's Address _____

I certify that _____, my son/daughter who is _____ years of age, is enrolled and a full-time student in an institution of higher learning.

Dates of enrollment: From _____ to _____
month/day/year month/day/year

Institution: _____

Address of registration office: _____

Telephone # of registration office: _____

Student's Social Security Number: _____

I certify that he/she is unmarried and a dependent upon me for support and that I claim him/her as an exemption on my federal tax returns.

I authorize the said institution to release any information regarding the enrollment status of my son/daughter.

Signature of Parent/ Date

Registrar Office/ Admissions Office

Date

(Seal)

International Medical Group will ask for this form to be completed for each semester at the time of claim.