

Statement of Verification Student Coverage

Name of Insured: _____ SS#: _____

Address: _____

Place of Employment: _____

Name of Student: _____

Date of Birth: _____ Age: _____

Name of College or University: _____

Expected Date of Graduation: _____

The above student is currently enrolled as a full time student in our educational institution for the Spring _____ / Fall _____ Semester of _____.

Name of College or University: _____

Name of Registrar: _____ Date: _____

Signature of Registrar or Designee: _____

AFFIX SCHOOL STAMP OR SEAL BELOW

Please return completed form to:

**NAGE Fund Office
159 Burgin Parkway, First Floor
Quincy, MA 02169-4213**

617.773.8947
intrastate 800.641.0700
fax 617.773.8637