IMPORTANT NOTE
NIB needs confirmation of attendance and status of enrollment at educational institutions for students who are between the ages of 16 and 21 years in order to determine their eligibility for Survivors Benefit.

STUDENT INFORMATION
I, hereby, verify that
[ ] Mr.  [ ] Miss ____________________________
Surname First Name Middle Name(s)
Student No. ____________________________ or N.I. No. ____________________________
Is currently enrolled at ____________________________________________________________
In pursuance of ____________________________________________________________
On a (tick one that applies)  [ ] Full-time basis  [ ] Part-time basis  [ ] Other

VERIFYING AUTHORITY
Agent or Representative: ____________________________ print name ____________________________ position
Signature: ____________________________________________________________ Date: _______ / _______ / _______
Affix Institution’s stamp/seal here

PLEASE NOTE
Any person who, for the purpose of obtaining a benefit under the National Insurance Act, either for himself or some other person, makes any false statement or false representation, or produces any false documents, etc, shall be liable to a fine not exceeding $2,500, or to imprisonment for up to twelve months, or both.

Form B90 (2011)