

IMPORTANT NOTE

NONA

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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

l, hereby, verify that			
Mr. Miss Surname	First Nam	e Middle Name (s)	
Student No	or N.I. No.		
Is currently enrolled atins	stitution		
For the period/_ month/semester		nonth/semester year	
n pursuance of	degree		
On a (tick one that applies) 🗌 Full-time	e basis 🗌 Part-time b	asis Other	
VERIFYING AUTHORITY			
Agent or Representative:	print name	position	
Signature:		Date:////	
Affix Institution's stamp/seal here	der the National I other person, ma tation, or produce to a fine not excee	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)			

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