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## STUDENT RECERTIFICATION/DECERTIFICATION FOR SURVIVOR ANNUITY

### STUDENT DECERTIFICATION

Student Name \_\_\_\_\_

I am **no longer** an unmarried full-time student under age 22.

\_\_\_\_\_

Date	Signature	Social Security Number
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### STUDENT CERTIFICATION

I \_\_\_\_\_, hereby certify that I am unmarried, under the age of 22,  
Student

and a full-time student at \_\_\_\_\_,  
School Address

\_\_\_\_\_ for the school term beginning \_\_\_\_\_,  
City/State Month Year

in accordance with the policy of said school. I authorize said school to release any records or information necessary to verify my student status to the General Assembly Retirement System. If for any reason, I am no longer a full time student, I will notify the System immediately.

This certification must be returned within 60 days from the date of this letter or benefits will be suspended. Certifications received after 60 days will result in the benefits being reinstated on the first of the month following receipt of the certification. You will not have Group Insurance coverage during periods of suspension.

\_\_\_\_\_

Signature	Date
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\_\_\_\_\_

Phone Number	Social Security Number	Date of Birth	Email Address
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### SCHOOL CERTIFICATION

I, hereby certify that the above named student is a full-time student, for the school term beginning

\_\_\_\_\_, \_\_\_\_\_, in accordance with the current rules in effect.  
Month Year

\_\_\_\_\_

Authorized Signature	Date
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\_\_\_\_\_

School	Address
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School Seal	City	State	Phone Number
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