



The National Prescription Drug Plan *School Enrollment Certification Form*

NOTE: To register for the National Prescription Drug Plan as a student age 18 - 24, one must be enrolled full-time in an educational institution. Full-time status must be verified every six months for continued eligibility in the Plan. THIS FORM MUST BE COMPLETED BY A SCHOOL OFFICIAL.

SECTION A - STUDENT INFORMATION

I hereby certify that:

- Mr.
 Mrs.
 Ms.

Surname

First Name

Middle

Student No. _____ NI #: _____

Is currently enrolled at _____
Name of Institution

For the period _____ semester
Fall/Spring/Summer (YYYY)

In pursuance of _____
Degree/Programme

Enrollment Status: full-time part-time other

SECTION B - VERIFYING AUTHORITY

Agent or Representative: _____ Position: _____
Print Name

Authorized Signature: _____ Date: _____

Affix Stamp/Seal

PLEASE NOTE:

Any person who, for the purpose of obtaining a benefit under the National Insurance Act, either for himself or for some other person, makes any false statement or false representation, or produces any false documents, etc., shall be liable to a fine not exceeding \$2,500.00, or to imprisonment for up to twelve months, or both.

SECTION C - FOR NIB USE ONLY

Registration Form (DP-1) received? Yes No

Signature: _____ Date: _____