

DO NOT USE FOR MEDICAL WITHDRAWAL OR ABSENCE

**Tuition Refund Plan**  
**DISMISSAL OR WITHDRAWAL CERTIFICATE**  
*To be completed by the School/College*

To: A.W.G. DEWAR, INC.  
FOUR BATTERYMARCH PARK, QUINCY, MA 02169-7468

Date: \_\_\_\_\_

WE HEREBY CERTIFY that \_\_\_\_\_ a regularly enrolled student at \_\_\_\_\_

School/College was  Withdrawn  Dismissed and severed his/her connection as of \_\_\_\_\_  
(DATE)

We acknowledge that this student has attended at least fourteen consecutive calendar days from the student's first class day of attendance in the academic year.

**WITHDRAWAL:** He/she was withdrawn for the following specific reason: \_\_\_\_\_

\_\_\_\_\_

Has the student completed his/her **annual** academic requirements? .....  YES  NO  
Will the student receive a certificate of graduation? .....  YES  NO

**DISMISSAL:** He/she was dismissed by the School/College for the following specific reason: \_\_\_\_\_

\_\_\_\_\_

If the incident causing dismissal involved other students, please list the other **insured students** who were also dismissed on the same date:

\_\_\_\_\_  
\_\_\_\_\_

The sum of \$ \_\_\_\_\_ has been paid to the School/College on his/her account and under the terms of the enrollment contract there is a balance due the School/College of \$ \_\_\_\_\_

We hereby make claim under Policy No. \_\_\_\_\_ in respect of the  Day  Boarding Student in Grade \_\_\_\_\_ named above for whom this certificate is submitted. Total fees insured: \$ \_\_\_\_\_

Parent's name (please print): \_\_\_\_\_

Parent's address: \_\_\_\_\_

School/College Name: \_\_\_\_\_

Signature of School Official: \_\_\_\_\_ Title \_\_\_\_\_

Second Signature Required: \_\_\_\_\_ Title \_\_\_\_\_

**PLEASE SEE THE REVERSE SIDE OF THIS FORM FOR IMPORTANT FRAUD INFORMATION REGARDING YOUR CLAIM.**

**Note: This form should be presented to A.W.G. Dewar, Inc. together with the parent's (yellow) Dismissal or Withdrawal Certificate as soon as possible; in any event, not later than 30 days after date of separation.**

**FOR OFFICE USE ONLY**

**REASON CODE:**

INCLUSION DATE	CLAIM NO.	NET DAYS	DIVISOR	AMOUNT	SUBCODE	APR.

## IMPORTANT NOTICE

### **To Arizona Claimants**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### **TO CLAIMANTS IN ARKANSAS, LOUISIANA, MARYLAND AND TEXAS,**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR (in AR, LA or MD) KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

### **To California Claimants**

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **To Colorado Claimants**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

### **To Claimants in Delaware, Idaho and Indiana**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

### **To Florida Claimants**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### **To Kentucky Claimants**

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

### **To Minnesota Claimants**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **To New Hampshire Claimants**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

### **To New Jersey Claimants**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

### **TO NEW MEXICO CLAIMANTS**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

### **To New York Claimants**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

### **To Ohio Claimants**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **To Oklahoma Claimants**

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

### **To Oregon Claimants**

Any person who knowingly and with the intent to defraud any insurer provides false or misleading information concerning any fact material to a risk to be insured or to a claim for loss or benefits may be guilty of a crime.

### **To Pennsylvania Claimants**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

### **To Claimants in Virginia, Washington and any State not listed above**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.