



PO Box 268
 Jefferson City, MO 65102-0268
 (573) 634-5290 or
 Toll Free: (800) 392-6848
 Fax: (573) 634-7934
 Email: psrspeers@psrspeers.org
 Website: www.psrs-peers.org

PARENT/GUARDIAN CERTIFICATION

To determine if payment of survivor benefits can continue during the summer months for a child(ren) who has reached age 18 but is not yet 24, remains unmarried and has been enrolled in school on a full-time basis, we need information regarding the child's plans for school attendance when the fall semester begins.

Instructions:

- Indicate the situation that applies for each student and return the completed form to the Public School Retirement System of Missouri (PSRS) at the address above.
- Please keep a copy for your records.

NOTE: This certification is instrumental in determining the student's eligibility for benefits.

| | |
|---|--|
| Student's Name | |
| Payment Account ID | Dependent ID |
| <input type="checkbox"/> | This student will be enrolled fall semester at: Name of School, College or University |
| <input type="checkbox"/> | This student will not be attending school full-time during the fall semester. |
| Student's Name | |
| Payment Account ID | Dependent ID |
| <input type="checkbox"/> | This student will be enrolled fall semester at: Name of School, College or University |
| <input type="checkbox"/> | This student will not be attending school full-time during the fall semester. |
| Student's Name | |
| Payment Account ID | Dependent ID |
| <input type="checkbox"/> | This student will be enrolled fall semester at: Name of School, College or University |
| <input type="checkbox"/> | This student will not be attending school full-time during the fall semester. |
| Student's Name | |
| Payment Account ID | Dependent ID |
| <input type="checkbox"/> | This student will be enrolled fall semester at: Name of School, College or University |
| <input type="checkbox"/> | This student will not be attending school full time during the fall semester. |
| PARENT/GUARDIAN CERTIFICATION | |
| Digital Signatures Not Accepted – Original (Written) Signature Required X | Date |