



Teamsters Health and Welfare Fund of Philadelphia and Vicinity

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Student Verification Form For full-time Students (Ages 19-23)

Dependent children are generally covered until their 19th birthday, however they can continue to be covered until their 23rd birthday; provided they are enrolled as full time students at an accredited education institution. Proof of attendance must be submitted to the Fund each semester or period. Summer coverage is provided if full time status is maintained in consecutive school semester or period. The Fund must be notified if the student changes from Full Time Status.

To be completed by the Member:

Member's Social Security Number: _____

Member's Name: _____

Student's Name: _____

Student's Social Security Number: _____

Date

Signature of the Member

School Representative must complete:

This will serve as verification that _____

is/was a full-time student attending this institution (give current full time dates only):

From: _____ To: _____

School Name: _____

Address: _____

Phone #: _____

Signed: _____ Title: _____ Date: _____

School Seal: (must be affixed for this form to be considered valid)