

Please Complete this Form and Return to:

Benefit Consultants, Inc.
13515 Barrett Parkway Drive, Suite 265
Ballwin, MO 63021

Full-Time Student Verification Form

Coverage of your dependent is contingent upon full-time attendance in an accredited school and qualification as a dependent for federal income tax purposes. Please certify that the named dependent qualifies as your dependent for tax purposes and authorize the release of pertinent academic enrollment information in the spaces below. Then forward this form to the school attended by your dependent. Claims for group medical benefits cannot be processed further until this form is returned.

My signature below hereby certifies that the named student is my dependent for federal income tax purposes and according to all other terms of the **Plumbers and Fitters Local 101 Health and Welfare Fund**.

Participant Name: _____

Participant Signature: _____

TO: _____
(Name of School)

Signatures below authorize you to release information relative to the status of the named student:

Student Name: _____

Student School ID#: _____

(Student Signature)

(Plan Participant Signature)

TO BE COMPLETED BY SCHOOL OFFICIAL

In order to determine if this student qualifies for health coverage, please complete the following information:

Student's Name: _____ Academic Term: _____

Full time Student: Yes No Current Semester Began: _____ Semester Ends: _____

If student is pre-enrolled for next semester as a full time student, please enter the date the next semester begins: _____, ends: _____

If the current school term was not completed, please indicate the date attendance ceased: _____

I certify that the child is enrolled as a full time student during he period(s) currently or preenrolled for:

Requirement for full-time status is: _____ Units/Hours

Date: _____

Signed: _____

Printed Name: _____

Title: _____

Address: _____

Telephone No.: _____



Seal

This form must include a college or university seal to be valid.

