



## LOCAL 805 WELFARE FUND

44-61 11<sup>TH</sup> Street

3<sup>rd</sup> Floor

Long Island City, N.Y. 11101

(718) 609-6401

### STUDENT VERIFICATION FORM

Your unmarried dependent child is covered until their 19<sup>th</sup> birthday. They can continue to be covered until their 23<sup>rd</sup> birthday provided they are (1) chiefly dependent upon you for support and (2) attending an **accredited** college, university, or high school as a full time student (12 credits per semester). You must provide the Fund office with proof of your child's full-time student status for each semester in order for your child to be eligible for benefits. Summer coverage is provided if full time status is maintained in consecutive school semesters. **The Fund must be notified if the student changes from Full Time Status.**

#### TO BE COMPLETED BY MEMBER:

Member's Name: \_\_\_\_\_

Member's Social Security Number: \_ \_ \_ / \_ \_ / \_ \_ \_ \_ \_ /

Student's Name: \_\_\_\_\_

Student's Social Security Number: \_ \_ \_ / \_ \_ / \_ \_ \_ \_ \_ /

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

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#### TO BE COMPLETED BY ACCREDITED EDUCATIONAL INSTITUTION

I certify that \_\_\_\_\_

is/was a full-time student attending this institution for the \_\_\_\_\_ Semester.

From: \_\_\_\_\_ TO: \_\_\_\_\_

Check If Full Time ( ) and indicate Number of Credits: \_\_\_\_\_.

Signed:

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

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