

Return Completed Form to:

Sheet Metal Workers' Health Plan
of Southern California, Arizona & Nevada
P.O. Box 10067
Manhattan Beach, CA 90266
1-800-947-4338

Verification of Full-Time Student Status

Participant: _____ SSN: _____

Dependent: _____ SSN: _____
(student)

According to the rules of the Plan, unmarried dependent children ages 19 through 22 years of age are eligible for benefits if they are enrolled as full time students (*at least 12 units per semester or quarter*) in an accredited institute of learning, and they are dependent on the employee for support.

To avoid a loss or lapse of coverage, this completed form must be submitted to the Administrative Office **twice** each year - September and March. Verification for the Fall/Winter semester provides an extension of eligibility through March. Verification for the Spring/Summer semester provides an extension of eligibility through September.

If you have any questions regarding this matter, please contact the Eligibility Department.

To be completed by student:

I hereby authorize _____ (*name of school*) to release the required information below.

Student signature _____
Date

To be completed by school:

This confirms that Mr./Ms. _____ is enrolled as a full-time
(*at least 12 units per semester or quarter*) student at _____

where he/she is carrying _____ units for the semester of _____ 20 _____.

Registrar's Signature _____
Date

