



California Field Ironworkers Pension Trust
 131 N. El Molino Ave., Suite 330, Pasadena, CA 91101-1878
 (626) 792-7337 • (626) 578-0450 Fax

STUDENT STATUS VERIFICATION

S.S.#: _____ Member: _____

Student Name: _____ Semester: _____

Dean of Admissions:

The above-named student may be eligible for benefits as a dependent under the California Field Ironworkers Welfare Plan. In order to qualify for dependent extended coverage, the individual must satisfy the requirements of the Plan as a full-time student. Re-verification of student status must be sent on a quarterly/semester basis to continue dependent eligibility. Please complete the information requested below and return it to us at the address indicated below.

STUDENT STATUS VERIFICATION

(In lieu of class load, a copy of registration receipt with school seal stamp is acceptable.)

1. Name of School: _____

Address: _____

(City)

(State)

(Zip)

2. Type of School:

State College or University _____

Private College or University _____

Trade School or Technical School _____

Junior or City College _____

Other: _____

Specify: _____

3. Full-time Student Status:

This school considers _____

units/hours per week as "full-time"

student status.

4. Class Load:

Period	Beginning Date	Ending Date	Number Of Units	Classroom Hours Per Week
Fall				
Winter				
Spring				
Summer				

I hereby certify that the foregoing is true and accurate to the best of my knowledge.

Date: _____ Authorized Signature: _____

Telephone: _____ Ext.: _____ Title: _____

(Over for Parent/Guardian Statement)

CALIFORNIA FIELD IRONWORKERS
WELFARE PLAN

PARENT / GUARDIAN STATEMENT

TO BE COMPLETED BY THE MEMBER:

I, _____, Social Security Number _____
as the parent of _____, hereby certify that he is dependent on me for
support and maintenance, and to the best of my knowledge has no other substantial income.

Date: _____ Member Signature: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

TO BE COMPLETED BY THE STUDENT:

I authorize the release of the information requested for verification of student status.

Date: _____ Student Signature: _____
Social Security Number: _____

***Re-verification of student status must be sent on a quarterly/semester basis to continue dependent eligibility.**