



**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.**