



CALIFORNIA FIELD IRONWORKERS TRUST FUNDS

Pension Trust • Welfare Plan • Vacation Trust
Apprenticeship Training & Journeyman
Retraining Fund • Annuity Trust

STUDENT STATUS VERIFICATION FORM

Member Name: _____ SSN: _____

Student Name: _____ Semester Dates: _____

To Whom It May Concern:

The above named student may be eligible for benefits as a dependent under the California Ironworkers Field 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 below.

1. **Name and Address of School:** _____

2. **Type of School:**

_____ State College or University _____ Private College or University _____ Trade or Technical School
_____ Junior or City College _____ Other / Please Specify: _____

3. **Unit Verification** (*student must be enrolled with a minimum of 12 units to be considered in full-time status*)

This school considers _____ units / hours per as full-time student status.

Period	Beginning Date	Ending Date	Units	Hours per Week

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

Date: _____ **Authorized Signature:** _____

Telephone Number: _____ **Title:** _____

(Please see reverse side for Parent / Guardian Statement)



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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: _____

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