



# ABATEMENT WORKERS NATIONAL FRINGE BENEFIT FUNDS

P. O. Box 1349  
Troy, MI 48099-1349  
248-641-4907 800-772-0459

## STUDENT CERTIFICATE FOR DEPENDENT CHILD OVER AGE 19

Please complete this form in its entirety and mail to the address above **Attention: Eligibility Dept**  
or fax to (248)813-9341

I certify that \_\_\_\_\_ is my son / daughter  
(Print your child's name) (circle one)  
and is a full time student enrolled at \_\_\_\_\_  
(Print name of school)  
as of \_\_\_\_\_ and expected to graduate \_\_\_\_\_  
(Print date enrolled) (Print date)

He/She is not married and is financially dependent on me and I understand that his/her coverage will terminate on the last day of the month in which he/she marries, ceases to be financially dependent on me, or is no longer a full time student. I also understand that it is my obligation to notify the Fund Office immediately upon the occurrence of any of these events.

\_\_\_\_\_  
(Member's Signature)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Date Signed)

## TO BE COMPLETED BY SCHOOL OR COLLEGE

**I certify that the above named student is enrolled in this school as a full time student**

Name of school: \_\_\_\_\_ Enrolled for school term: \_\_\_\_ / \_\_\_\_

Number of credit hours \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name and title: \_\_\_\_\_

Phone number where this information can be verified: \_\_\_\_\_

- ❖ A separate student certificate must be filed for each dependent child over age 19.
- ❖ Student Certification must be updated each semester with or without notice from the Fund Office.
- ❖ No claims will be considered after September 30 for the fall semester and January 31 for the winter/spring semester, until the Fund Office receives the completed Student Certificate.
- ❖ IF YOUR CHILD IS **NOT** A FULL TIME STUDENT, PLEASE SEE THE ENCLOSED COBRA INFORMATION.