



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.