



Carpenters Southwest Administrative Corporation

ADMINISTRATIVE OFFICE: 533 S Fremont Ave. • Los Angeles, CA 90071-1706 • Tel: (213) 386-8590 • Toll Free (800) 293-1370

www.carpenterssw.org

SOUTHWEST CARPENTERS HEALTH AND WELFARE TRUST

Member Name _____ SS# _____
Student Name _____ Semester _____

Dean of Admissions:

In addition to medical and prescription coverage, the above named student may be eligible for dental and vision benefits as a dependent under the Southwest Carpenters Health and Welfare Trust. To qualify for dental and vision benefits, the individual must satisfy the requirement of the Plan as a full-time dependent from age 19 to his/her 23rd birthday enrolled in an accredited institution of learning. Please complete the information requested below and return it to the administrative office at the address indicated above. Please return within 60 days from the date classes begin. Failure to do so may result in a lapse in dental and vision coverage for this dependent. The Trust will continue to mail out this form twice a year for completion, to students who are currently enrolled. Verification of student status is required for each semester/quarter.

STUDENT STATUS VERIFICATION

Student's Name _____
Status: Student _____
Name of school _____
Address _____

Type of school:

State College or University _____
Private College or University _____
Trade or Technical School _____
Junior of City College _____
Other ___ Specify _____

Full-Time Student Status:

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

Class Load

Period	Beginning Date	Ending Date	No. of Units	Classroom Hrs per Week
Fall				
Winter				
Spring				
Summer				

I hereby certify that the foregoing information is true and accurate to the best of my knowledge. Must include stamp or seal of school.

Date _____ Authorized Signature _____

Telephone: _____ ext. _____ Title _____

Records and Admissions Office

Arizona

Satellite Office
4547 W. McDowell Rd. Ste. 6
Phoenix, AZ 85035-4124
(602) 352-6805

Nevada

Satellite Office
501 North Lamb Blvd., Ste. 7
Las Vegas, NV 89110-3368
(702) 851-4510

New Mexico

Satellite Office
3900 A Pan American Freeway, NE Ste. 120
Albuquerque, NM 87107-4747
(505) 266-8869



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Southwest Carpenters Health and Welfare Trust

PARENT/GUARDIAN STATEMENT

TO BE COMPLETED BY THE MEMBER:

I, _____, Social Security Number _____,
as the parent of _____, hereby certify that he/she 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: _____

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