



Carpenters Southwest Administrative Corporation

533 SO. FREMONT AVENUE • LOS ANGELES, CA 90071-1706 • TEL. (213) 386-8590 • TOLL FREE (800) 293-1370

SUBJECT: SOUTHWEST CARPENTERS HEALTH AND WELFARE TRUST

Member Name _____ SS# _____

Student Name _____ Semester _____

Dean of Admissions:

The above named student may be eligible for benefits as a dependent under the Southwest Carpenters Health and Welfare Trust. To qualify for these benefits, the individual must satisfy the requirement of the Plan as a full-time student. 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 coverage for this dependent.

STUDENT STATUS VERIFICATION

- 1. Student's Name _____
- 2. Status: Student _____
- 3. Name of school _____
Address _____

- 4. Type of school:
 - State College or University _____
 - Private College or University _____
 - Trade or Technical School _____
 - Junior of City College _____
 - Other _____ Specify _____

- 6. Full-Time Student Status:
This school considers _____
units/hours per week as "full-time"
student status

5. 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

(Over for Parent/Guardian Statement)

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

Nevada
Administrative Office
980 Kelly Johnson Dr., Suite 180
Las Vegas, NV 89119
(702) 851-4510 • (800) 501-0210

Utah
Satellite Office
8149 S. Welby Park Drive
West Jordan, UT 84088
(801) 282-6528



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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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