



# Carpenters Southwest Administrative Corporation

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

## 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 dependent from age 19 to his/her 23<sup>rd</sup> 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 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 or 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.  
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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