

MICHIGAN CONFERENCE OF TEAMSTERS WELFARE FUND

2700 Trumbull Avenue
Detroit, Michigan 48216
(313) 964-2400



FULL-TIME STUDENT ELIGIBILITY VERIFICATION FORM

This form must be completed (and school stamp/seal must be affixed) for each school semester, tri-semester, quarter or other grading period in order to qualify for Dependent Full-Time Student coverage. This form must be completed after the accredited academic institution or accredited vocational school class drop deadline date.

1. TO BE COMPLETED BY PARTICIPANT

Participant's Full Name (Please Print or Type)

Participant's Contract Number

Dependent Student's Full Name (Print or Type)

Dependent Student's Date of Birth

Dependent Address (if different than participant)

City, State, Zip Code

This will serve the Michigan Conference of Teamsters Welfare Fund as notice and verification that my above named dependent is attending the below accredited academic institution or accredited vocational school on a **full-time** basis:

Name of Educational Facility (Please Print or Type)

Participant's Signature

Date

2. TO BE COMPLETED BY EDUCATIONAL FACILITY (AFTER DROP DEADLINE DATE)

This will serve the Michigan Conference of Teamsters Welfare Fund as notice and verification that the above named dependent student is presently attending this accredited academic institution or accredited vocational school on a **full-time** basis for the school **semester** **tri-semester** **quarter** **other grading period** starting ___/___/___ and ending ___/___/___ . The class drop deadline date is ___/___/___ . His/her anticipated graduation date is ___/___/___ .

Educational Facility Representative Signature

Institution's Accrediting Agency

Name and Title (Please Print or Type)

Date (MUST BE **AFTER** DROP DEADLINE *)

Name of Educational Facility

(ACCREDITED ACADEMIC INSTITUTION
OR ACCREDITED VOCATIONAL SCHOOL
STAMP OR SEAL **MUST** BE AFFIXED HERE)

Address

City, State, Zip Code

PLEASE NOTE: All fields of this form **must** be completed and received by MCTWF by the first Saturday in November for the Fall semester and by the first Saturday in March for the Winter/Spring semester. If any fields are not completed, the Form will be returned and will delay student eligibility. If the completed Form is received after the above dates, coverage will be provided prospectively, commencing the first Sunday following receipt.

* The drop deadline date is defined as the last date the student is entitled to a 100% refund for a course.

Rev. 12/09