



SOUTHERN CALIFORNIA IBEW-NECA TRUST FUNDS

6023 Garfield Avenue, City of Commerce, CA 90040
Phone: (323) 221-5861 or (800) 824-6935
Fax: (323) 726-3520

Mailing Address:
P. O. Box 910918
Los Angeles, CA 90091

FULL-TIME STUDENT VERIFICATION

_____ Date

Ref. Number: _____

_____ Participant Name

_____ Address

_____ City _____ State _____ Zip

For Office Use Only	School Address:
Sent By/Date: _____	_____
Medical Carrier: _____	_____
Dental Carrier: _____	_____
Sem./Qtr.: _____	

Based upon your dependent, _____'s age, coverage under our Group Plan is contingent upon regular attendance in an accredited College, University or comparable educational institution. In order that we are properly informed, please sign the authorization for release of information below and forward this form to the school attended by this dependent. Benefit requests cannot be processed further until this completed form is returned. **An official seal or stamp is required in Section III to complete the Full-Time Student verification process. Return envelope is enclosed for convenience.**

SECTION I: TO BE COMPLETED BY STUDENT

Name: _____ Date of Birth: _____

Address: _____

SS# _____ Student ID# _____

SECTION II: TO BE COMPLETED BY PARENTS

I certify that the dependent shown above meets all of the requirements for coverage on my account as a fulltime student. I understand that health plan coverage for this dependent will terminate on their 25th birthday or the date that any of the requirements are no longer in effect, whichever occurs first.

Member's Signature _____ Member's Social Security # _____ Date _____

SECTION III: TO BE COMPLETED BY SCHOOL REGISTRAR'S OFFICE

The above named individual is enrolled as a full-time student in this institution for the current term ending _____, 20_____.

Current Academic Standing: Freshman ___ Sophomore ___ Junior ___ Senior ___

Expected Date of Graduation: _____ Number of Units Current Semester/Quarter _____

Sem/Qtr Enrolled (please check appropriate sem/qtr) Winter ___ Spring ___ Summer ___ Fall ___

School _____ Phone _____

Signature _____ Date _____ Title _____