



STUDENT STATUS UPDATE FORM

IUOE • Local 399 Health & Welfare Fund
2260 S. Grove Street • Chicago, IL 60616

Phone: (312) 372-9870 Ext. #3

Fax: (312) 842-0291

Local 399's Health & Welfare Plan allows coverage for your dependent child up to age 19. If your child is over age 19 and under age 23, continues to be dependent upon you for support, and is a full-time student at an accredited educational institution, you are required to submit documentation from the school certifying the students full-time status each semester.

CERTIFICATION

The Registrar's Office at the school can complete and return this form to Local 399's Health & Welfare Office. Any supporting documentation may be attached if applicable.

Member: _____ Social Security No.: _____ - _____ - _____

Dependent Name: _____ Dependent Date of Birth: ____/____/____

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

This is to certify that the above referenced dependent is enrolled as a full-time student for the term beginning _____ and ending _____ and is taking _____ credit hours for this term.

Authorized Signature

Title

Department

Date

Please return this form and any supporting documents by mail, in person or by fax (see above)