



**NORTHERN CALIFORNIA TILE INDUSTRY  
HEALTH & WELFARE TRUST FUND**

P.O. Box 2500  
San Francisco, CA 94126  
(415) 986-6276/(888)877-8363  
Fax: (415) 439-5858

**VERIFICATION OF FULL-TIME STUDENT STATUS  
FOR DEPENDENT CHILDREN OVER THE LIMITING AGE**

The limiting age for coverage under the Plan for a dependent child is age 19. If your child is a full-time student at any accredited trade school, college or university, he/she can remain covered under this plan until his/her 25th birthday. You must, however, have this Verification of Full-Time Student Status completed by the registrar's office at the institution of higher learning that your child is attending in order to maintain his/her eligibility. For purposes of coverage under this plan, a "full-time student" is defined as a student who is taking 12 or more semester credits.

**TO BE COMPLETED BY MEMBER**

MEMBER LAST NAME	MEMBER FIRST NAME	SOCIAL SECURITY NUMBER	TELEPHONE #
ADDRESS		EMAIL ADDRESS	
DEPENDENT'S NAME	SEX	FULL-TIME STUDENT? <input type="checkbox"/> Yes. <input type="checkbox"/> No.	

I CERTIFY THAT MY CHILD IS ATTENDING AN ACCREDITED SCHOOL/COLLEGE AND THAT HE/SHE MEETS THE REQUIREMENTS FOR FULL-TIME STUDENT STATUS AS NOTED ABOVE. I UNDERSTAND THAT THIS FORM MUST BE CERTIFIED BY THE SCHOOL/COLLEGE AND THAT ONLINE REGISTRATION WILL NOT BE ACCEPTED AS PROOF OF ENROLLMENT AS A FULL-TIME ACTIVE STUDENT.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY FULL-TIME STUDENT**

STUDENT LAST NAME	STUDENT FIRST NAME	M.I.	DATE OF BIRTH
NAME OF UNIVERSITY/COLLEGE/TRADE SCHOOL			DATE INITIALLY ENROLLED
ADDRESS OF UNIVERSITY/COLLEGE/TRADE SCHOOL			

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, AND THAT I AM A FULL-TIME STUDENT AT THE ABOVE-NAMED UNIVERSITY/ COLLEGE/TRADE SCHOOL.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY REGISTRAR**

NAME OF STUDENT	SEMESTER (please circle) SPRING      FALL	Year	Number of Units
SCHOOL SEAL OR STAMP	I CERTIFY THAT THE ABOVE NAMED STUDENT IS ENROLLED AS INDICATED HEREIN.  _____ Signature  _____ Title  _____ Date		