



**CENTRAL STATES
SOUTHEAST AND
SOUTHWEST AREAS
HEALTH AND WELFARE AND**

CLAIMS PROCESSING DIVISION

EMPLOYEE TRUSTEES

RAY CASH
JERRY YOUNGER
GEORGE J. WESTLEY
CHARLES A. WHOBREY
FRED GEGARE

EMPLOYER TRUSTEES

HOWARD McDOUGALL
ARTHUR H. BUNTE, JR.
TOM J. VENTURA
DANIEL J. BRUTTO
GARY F. CALDWELL
EXECUTIVE DIRECTOR
THOMAS C. NYHAN

STUDENT VERIFICATION FORM

Instructions

1. Member must complete Section A.
2. Section B must be completed by a representative of the school the Dependent is attending.
3. Notary Public Seal and Signatures are necessary.

A. MEMBER'S SOCIAL SECURITY NUMBER _____ NAME _____
CLAIM NO. _____ STUDENT'S NAME _____ DATE OF BIRTH _____
STUDENT'S SOCIAL SECURITY NUMBER _____

This will serve Central States Southeast and Southwest Areas Health and Welfare Fund as notice and verification that my dependent _____ is fully dependent on me for support and is a full-time student at _____.

Date

Signature of Member

B. This will serve as verification that _____ is/was a full-time student attending this institution (give current full time dates only).

From _____ To _____

School _____ Address _____

City, State, Zip _____ Phone ____/____/____ Ext _____

Signed _____ Title _____ Date ____/____/____

NOTARY PUBLIC SEAL AND SIGNATURE _____