

Alaska Electrical Health & Welfare Fund
2600 Denali Street, Suite 200
Anchorage, AK 99503
(907) 276-1246 • (800) 478-1246 • FAX (907) 278-7576

STUDENT SCHOOL CERTIFICATION

FALL 2010

Student: Please sign and date your portion of this form and have the registrar of the school complete the school portion of this form after your semester has begun. This School Certification is required after the start of every semester to verify the student's enrollment status.

I authorize the release of the following information to the Alaska Electrical Health & Welfare Fund.

Student Signature	Date
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This will certify that _____ is enrolled as a student from _____ to _____ and is carrying _____ credits. The dependent named above is considered a full-time / part-time student. (circle one)

School Name: _____

Address: _____

Phone Number: _____

Registrar's Signature: _____ **Date** _____

(do not detach)

Plan Participant's Name	ID Number or Last 4 of SSN
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Dear Plan Participant:

Other forms of school verification are acceptable provided they include: current dates of the semester, credit hours, and the signature or stamp of the registrar. For a dependent child to continue coverage, a school certification must be submitted after the start of each semester.

Please Note: If your child does not continue as a full-time student or otherwise becomes ineligible, you or your child will have 60 days from the date of his/her termination of coverage to contact this office for information regarding your child's COBRA self-pay rights. Your child *may be* eligible to COBRA self-pay his/her coverage for an additional 36 months.
