



Alaska Electrical Trust Funds

PENSION FUND – HEALTH AND WELFARE FUND – LEGAL FUND
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SCHOOL INTENT - FALL SEMESTER 2010

For a dependent child to continue coverage through the school summer break, it must be the dependent child's intent to continue school as a full-time student during the following Fall 2010 semester. The dependent child must then return to school full-time for the Fall 2010 semester. This "School Intent" form does not replace the Fall 2010 Semester "School Certification" form that must be completed by the Registrar and returned to the Administrative office within 30 days of your dependent child's return to school. If your child does not return to school, dependent coverage will cease on the last day of the month in which the child was a full-time student.

If dependent coverage is terminated, your child may be eligible to continue coverage under a COBRA self-pay plan for an additional 36 months. You or your child will have 60 days from the date he or she no longer attends school full-time, or otherwise ceases to be a dependent, to notify the Administrative Office. The Administrative Office will then send your child COBRA self-pay information. **Important Note:** Self-pay coverage will not be available to your child if you or your child does not inform the Administrative Office within 60 days following the date that he or she is no longer a full-time student or otherwise ceases to be an eligible dependent.

The purpose of this form is to notify the Administrative office of your dependent child's intent to return to school for the Fall 2010 Semester. In order for the Fund to extend coverage through the school break, you must agree that if benefits are issued on behalf of your dependent child and said child does not return to full-time school for the Fall 2010 Semester or does not elect COBRA self-pay coverage, you will repay all issued benefits in full.

PARTICIPANT'S STATEMENT

My dependent child _____ (please print name) intends to enroll and attend full-time for the Fall 2010 semester. I will insure that the proper "School Certification" form is completed by the Registrar of the school and returned to the Administrative office within 30 days of my child's return to school. I also agree that if my child does not return to school full-time for the Fall 2010 Semester, or does not elect the COBRA self-pay coverage, I will repay to the Alaska Electrical Health and Welfare Fund all benefits issued on my child's behalf during the time he/she was not an eligible dependent.

Participant Signature: _____ Date: _____

Participant Name (Please Print): _____

ID Number or Participant SSN#: _____