

Alaska Electrical Trust Funds
2600 Denali Street, Suite 200
Anchorage, AK 99503
(907) 276-1246 • (907) 478-1246 • FAX (907) 278-7576

STUDENT SCHOOL CERTIFICATION

FALL 2008

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.

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	Last 4 of SSN
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Dear Plan Participant:

Other forms of school verification are acceptable provided they include: dates of the semester, credit hours, and the signature or stamp of the registrar.

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.
