



**RIVERSIDE COUNTY ELECTRICAL  
HEALTH & WELFARE TRUST FUND**  
2831 Camino Del Rio South – Suite 311  
San Diego, CA 92108  
(619) 297-8235/(800)736-0401  
Fax: (619) 574-0645

**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 23<sup>rd</sup> 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)		Year	Number of Units
	SPRING	FALL		
SCHOOL SEAL OR STAMP	I CERTIFY THAT THE ABOVE NAMED STUDENT IS ENROLLED AS INDICATED HEREIN.			
	_____ Signature			
	_____ Title			
	_____ Date			