

CSA WELFARE FUND

DEPENDENT STUDENT CERTIFICATION FORM

Section One: To Be Completed by Subscriber

Member's Social Security:

Member's Name: (Last Name) (First Name) (Middle Initial)

Student's Name: (Last Name) (First Name) (Middle Initial)

Student's Date of Birth: ___/___/___ Student's Social Security Number: ___-___-___

Name of School: _____

Address of School: _____

Semester: _____ Year of Study (Please Circle): 1st 2nd 3rd 4th 5+

Has student served in the armed forces? Yes ___ No ___ If Yes: From ___/___/___ To ___/___/___

DEFINITION OF DEPENDENT STUDENT:
A full-time dependent student is a person who meets all of the following conditions: He/she is at least 19 years of age, unmarried, receives at least half of his/her support from the employee or member, and is enrolled full-time in an accredited secondary or preparatory school or college.

I certify that my dependent, _____, meets all of the following requirements for eligibility as a dependent student.

- | | Yes | No |
|---|--------------------------|--------------------------|
| A. 19 years of age or older | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Unmarried | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Receives at least half of his/her support from the Employee or retired employee | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is a full-time student in an accredited secondary Or preparatory school or college | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Expected date of Graduation ___/___/___ | <input type="checkbox"/> | <input type="checkbox"/> |

I agree to advise CSA promptly of any changes in my child's dependent student status.

_____/_____/_____
(Subscriber's Signature) (Date)

Section Two: To Be Completed by Authorized Person In the Registrar's Office of the Student's Educational Institution (Affix the Institution's Seal or Stamp Where Indicated Below)

The student named in this form may be eligible for health coverage under his or her parent's health Insurance plan. See Section One, above, for definition of dependent student. In order for CSA to determine a student's eligibility, please complete the following information:

1. Is the student enrolled full-time? Yes No
2. Student's program of Study? _____
3. Student's expected degree or diploma? _____
4. Is _____ Accredited? Yes No
5. Registrar's Telephone Number: _____

Authorized Signature/Title

Mail Validated Form to: CSA WELFARE FUND
16 Court Street 34th Floor
Brooklyn, NY 11241



