

SMWIA Local 49 Family Health Plan

Administrative Office
2400 West Dunlap Avenue, Suite 250 • Phoenix, Arizona 85021
Phone 505-265-8422 • Toll Free 1-800-432-6636

Date: _____

Name _____

Street _____

City, State, Zip _____

S.S.#: _____

Dependent: _____

Re: Full-time Student Status

Dear _____:

In accordance with the provisions of your plan, coverage for a dependent child terminates at age 19. Coverage can be continued until age 23, provided the dependent is attending college or a university as a full-time student.

Please take this form to the school registrar's office and have the information listed below completed.

- Is the dependent listed above attending school as a full-time student?
 No Yes Spring Semester/Year of _____
 No Yes Fall Semester/Year of _____
- How many credit hours is the student taking? _____
- Name of the school the student is attending: _____
- Name and title of person providing information:

(Signature)

(Title)

Please be advised that this information will be necessary **each semester** to continue coverage.

Sincerely,

Fund Office

SCHOOL SEAL

