

*UNITED FOOD AND COMMERCIAL WORKERS & EMPLOYERS*  
*Arizona Health & Welfare Trust*

ADMINISTRATOR: Southwest Service Administrators, Inc.  
2400 W. Dunlap Ave., Suite 250 • Phoenix, AZ 85021 • Phone 602-249-3582 • Toll Free 1-800-474-3485 • Fax 602-249-3795

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ DATE: \_\_\_\_\_  
SS#: \_\_\_\_\_

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 an accredited school as a full-time student.

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

1. Is the dependent listed above attending school as full-time student?

No

Spring Semester Year \_\_\_\_\_

Yes

Fall Semester Year \_\_\_\_\_

2. How many credit hours is the student taking? \_\_\_\_\_

3. Name of school the student is attending: \_\_\_\_\_

4. Name and title of person providing information:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

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

Sincerely,  
  
Administrative Office

SCHOOL SEAL:

