

**PLUMBERS & PIPEFITTERS MEDICAL FUND**

7130 COLUMBIA GATEWAY DRIVE, SUITE A

COLUMBIA, MD 21046

410-872-9500 phone 410-872-1275 fax

**STUDENT CERTIFICATION FOR DEPENDENT CHILD OVER AGE 19**

Please Complete All Blanks

(If you have questions - call the Fund Office at 410-872-9500)

I certify that \_\_\_\_\_ whose date of birth is \_\_\_\_\_  
(Print Name of Student)  
\_\_\_\_\_, is my \_\_\_\_\_ and is a full-time student enrolled  
(Date of Birth) (Daughter / Son)  
at \_\_\_\_\_, an accredited school or college  
(Name of School or College)  
on \_\_\_\_\_ and the expected date of graduation is \_\_\_\_\_.  
(Date) (Expected Date of Graduation)

My Son / Daughter is unmarried and financially dependent on me and I understand that his/her protection under my family coverage will terminate on the last day of the calendar month in which he/she marries or ceases to be financially dependent on me, or ceases to be a full-time student, or reaches his/her 25<sup>th</sup> birthday.

I understand that it is my obligation to notify the Fund Office promptly upon occurrence of any of these events.

\_\_\_\_\_  
**Member's Signature**                      **Social Security Number**                      **Date Signed**

**TO BE COMPLETED BY SCHOOL OR COLLEGE**

**School Insurance**  
Name of School Insurance Carrier through which  
Student is covered during school term  
\_\_\_\_\_  
(Name of Insurance Carrier)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Policy Number

**Certification**  
I certify the above named student is enrolled in this  
school as a FULL TIME student.  
\_\_\_\_\_  
**AFFIX SCHOOL SEAL**  
(Name of School)  
Enrolled for school term \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_  
Registrars OfficeDate  
\_\_\_\_\_  
Print Name and Title

NOTE:(1)THE FUND WILL NOT PROVIDE FOR THE PAYMENT OF ANY PORTION OF MEDICAL EXPENSE WHICH IS COVERED UNDER THE POLICY OF INSURANCE PURCHASED OR PROVIDED THROUGH THE SCHOOL OR COLLEGE.

(2)A separate student certification must be filed for each dependent child over age 19.

(3)Student Certification must be renewed EVERY SEMESTER and without notice from Fund Office. No claim will be considered until renewal is filed.

(4)MAIL COMPLETED FORM TO PLUMBERS & PIPEFITTERS MEDICAL FUND - AT THE ADDRESS ABOVE