

National Asbestos Workers Medical Fund

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) (Print 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 23rd 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.

(Name of School)
Enrolled for school term _____
AFFIX SCHOOL SEAL

Registrars Office Date

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 annually and without notice from Fund Office.**
No claim will be considered until renewal is filed.

MAIL COMPLETED FORM TO: **National Asbestos Workers Medical Fund**
7130 Columbia Gateway Drive Ste. A
Columbia, MD 21046