



Asbestos Workers Local Union No. 24 Medical Fund

7130 Columbia Gateway Drive, Suite A
Columbia, MD 21046

(410) 872-9500
(410) 872-1275 Fax

STUDENT CERTIFICATION FOR DEPENDENT CHILD OVER AGE 19

Please Complete All Blanks

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 25th 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 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 EVERY SEMESTER and without notice from Fund Office. No claim will be considered until renewal is filed.

MAIL COMPLETED FORM TO:

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