



Legal Name: Custom Rail Employer Welfare Trust Fund  
Version: CREW / FTS / 0409

Submit to:

PO Box 950  
Forest Hill, MD 21050-0950

p 800.799.8785  
f 410.877.2004

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## CERTIFICATION OF FULL-TIME STUDENT ELIGIBILITY

**OUR RECORDS INDICATE that one or more of your dependents are over the age of 19. In order for your dependent to remain on your coverage past this limiting age, please complete this fillable certification form. Once form is completed, click the Submit Form button. Then save it, print it, sign it, obtain official school signature and fax it to the number shown above.**

Group No. \_\_\_\_\_ Employee Name: \_\_\_\_\_ Employee Social Security Number: \_\_\_\_\_

### SECTION I. DEPENDENT'S INFORMATION

Dependent's Name: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Dep. Gender:    M        F        Dep. Date of Birth: \_\_\_\_\_ Dep. Social Security Number: \_\_\_\_\_  
(mm/dd/yyyy)

Dependent's Marital Status:    Single        Married        Divorced        Separated

Yes    No Do you provide 50% of the Dependent's support?  
Yes    No Does the Dependent reside with you?

I hereby certify that the information contained on this form is correct to the best of my knowledge and authorize the release of any information requested with respect to this certification.

Employee Signature: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

### SECTION II. STUDENT CERTIFICATION

**Please complete the following. Then obtain official signature from school to certify if dependent is eligible based on student status.**  
(subject to the plan options selected by your employer)

School Name: \_\_\_\_\_ School Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Beginning and Ending Date of Current Semester: \_\_\_\_\_ to \_\_\_\_\_

Yes    No Is this Institution accredited?        Which Semester does this certification apply?        Fall        Spring

What is the student status as determined by the institution?        Full-time        Part-time

Credit Hours per Current Semester (Classroom Hours per Week)? \_\_\_\_\_

### SUMMER SESSIONS

Yes    No Is Student currently enrolled for a summer session?  
Yes    No If Yes, Did Student Attend Spring Semester Preceding Break?  
Yes    No Is Student Enrolled for the Fall Semester?

**I HEREBY CERTIFY** that the above information is correct to the best of my knowledge.

Signature of School Official: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

Title: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(mm/dd/yyyy)

**Please note:** the member must complete the top portion of this form and attach a letter from the College Registrar's office. Please be advised that the letter from the College Registrar's office must be on official school stationery and be signed by the School's Administrative office or Registrar's office. The information must state the dependent's name, and indicates that the dependent is a full-time student for the **Current** semester. You may also attach documentation of payment on official school stationery showing the **PAID** Full-time tuition that states the dependent's name and states that this dependent is a full-time student for the **Current** semester.

**WE WILL NOT ACCEPT A COPY OF AN UNPAID TUITION BILL AS VERIFICATION OF FULL-TIME STUDENT STATUS.**