

Carpenters Health and Security Plan of Western Washington

PO Box 1929 Seattle WA 98111

Student Questionnaire

Participant's name: _____ Member #: _____

Student's name: _____

Please answer the following questions and provide proof of full-time student status for the quarter(s) indicated below:

____ Fall Quarter ____ Winter Quarter ____ Spring Quarter ____ Summer Quarter

1. Is this child married? ____ Yes ____ No. If yes, what is the marriage date? _____

2. Is this child attending school fulltime? ____ Yes ____ No. If no, in which quarter did the child last attend school fulltime? _____

What is the name of that school? _____

3. Is this child employed? ____ Yes ____ No. If yes, what is the name of the employer?

Is health care coverage provided by the employer? ____ Yes ____ No. If yes, what is the name and address of the health care plan? _____

What type of coverage is provided? ____ Medical ____ Dental ____ Vision ____ Prescription

4. Does this child claim himself or herself on his or her own federal income tax return?

____ Yes ____ No. If no, why not? _____

5. Is this child covered under another health care plan other than the plan indicated above?

____ Yes ____ No. If yes, what is the name and social security number of the insured?

What type of coverage is provided? ____ Medical ____ Dental ____ Vision ____ Prescription

6. Is this child living with you? ____ Yes ____ No. If no, where and with whom does this child live?

7. Is this child primarily dependent on you for support and maintenance? ____ Yes ____ No. If yes, please explain in detail how this child is primarily dependent on you for support and maintenance:

Is this child claimed as an exemption on your federal income tax return? ____ Yes ____ No. If no, why not? _____

I hereby certify that the foregoing statements are true, correct, and complete to the best of my knowledge. I will inform the Trust Office as soon as a child no longer meets the eligibility requirements of the Carpenters Health and Security Plan. **Important:** During the first three weeks of a quarter or semester, student eligibility is generally not available from Student Clearinghouse. If the student needs his or her eligibility updated for a covered service, supply, or prescription during the first three weeks of a quarter or semester, you **must** send us a copy of his or her class schedule so we can provide temporary eligibility.

Participant's Signature

Date