



RE: Coverage for Dependents Over the Age of 19

Dear Participant:

Under the rules of UFCW Local 1776 and Participating Employers Health and Welfare Fund, full-time participants' dependents are only covered until age 19; however, if the dependent is a full time student, he/she can remain on your coverage until age 24. Below, please find a student verification form. In order for your dependent to remain on your coverage, please print and complete the form and then return it to the Fund, along with an affidavit from the school. If you do not return the form, your dependent named above will cease to be covered for benefits as of the first of the month following his/her birth date.

If your dependent is not a full time student, you may continue his/her coverage by electing COBRA through the Fund. Your dependent, or you on your dependent's behalf, must pay the premium for the continuation coverage.

If you are interested in doing so, please contact the COBRA Department at (610) 941-9400 or 1-800-458-8618 between the hours of 9:00 a.m. and 4:30 p.m.

Sincerely,

Eligibility Department

STUDENT VERIFICATION OF ENROLLED CHILD AGE 19-24

Name of Participant	Name of Child	Name of Employer
Social Security Number	Date of Birth	1 st of month following Birthdate Removal Date – if not attending school

Under the provisions of the UFCW Local 1776 & Participating Employers Health and Welfare Fund, continuation of coverage of your above named child under your contract beyond the removal date shown above is contingent upon such child being:

1. unmarried, and:
2. a registered student in regular full-time attendance in a secondary school, college or university.

Please note:

- **An affidavit from the school the student attends must accompany this form when returned specifying FT student status for the semester that loss of coverage would occur**
- **This procedure must be followed yearly in order to maintain your dependent's benefits**

My above named child is not married and is a registered student in regular full-time attendance at the school named below.

Name of School – secondary, college or university	
Address of School	
Date Entered	Date of Graduation
Participant's Signature	Date signed
Participant's Street Address	
Participant's City, State, Zip	