

LOCAL 152 HEALTH AND WELFARE FUND

27 ROLAND AVENUE, SUITE 100

MOUNT LAUREL, NJ 08054-1056(856) 793-1598 (TTY:711) ☐ (800) 555-4959 (TTY:711) ☐ Fax (856)793-3100

PROOF OF MATRICULATION/REGISTRATION

(Prueba de Matriculacion)

In order to maintain eligibility for benefits for dependent children up to the age of 23, the Fund must have proof that they are currently attending or are enrolled in a state accredited school. This notarized form must be submitted each semester. (Par mantener la **elegibilidad de su dependiente hasta la edad de 23**, este formulario debe ser enviado a UFCW Local 152 Benefit Funds cada semestre. Tiene que ser certificado por la Universidad.)

Member's Name (Nombre del Miembro) _____
SS# (Numero De Seguro Social) _____
Member's Address (Direccion del Miembro) _____
Member's Employer (Patron del Miembro) _____
Child's Name (Nombre del Dependiente) _____
Date of Birth (Fecha de Nacimiento) _____ / _____ / _____
Name of School (Nombre de la Universidad) _____
School Address (Direccion de la Universidad) _____

Authorization for School to Release Information to the Fund

(Autorizacion para que la Universidad facilite la informacion a UFCW Local 152 Benefits Fund)

(Student's Signature (Firma Del Estudiante))

Dean of School:

Please complete and return this form to the UFCW Local 152 Benefits Fund, at the address listed below: Coverage for the above named student cannot be provided until this form is on file at the Fund Office. Thank you for your cooperation.

I hereby certify that _____ is a fulltime student at _____

for the semester period _____ to _____

Anticipated date of graduation _____ / _____ / _____

Signed _____ Date _____ / _____ / _____

Dean of Admissions

School's Telephone Number () _____

College information must be **dated by the school** after:

July 15 - for fall semester

December 15 - for the spring semester

Please imprint with school seal.

Note: (for dependents of retirees under the plans)