Western States Health & Welfare
Trust Fund of the OPEIU

Date_____

_____	_____
Member	SSN or ID #
_____	_____
Address	Dependent
_____	_____
City, State Zip	Date of Birth

Dear Participant:

Under the Western States Health & Welfare Trust, unmarried children are covered as dependents until age 21, or until age 23 if enrolled in an accredited school as a full-time student. In order for the Trust to determine the continued eligibility of your child listed above, please provide the following information:

IS THE ABOVE LISTED CHILD A FULL-TIME STUDENT? ☐ YES ☐ NO

If no, please indicate the date your dependent was no longer a full-time student:_____

If yes, please indicate the date your dependent became a full-time student:_____

Name of accredited institution:_____

Anticipated graduation date:_____

Please advise of any breaks* in full-time student status for your child in the past 12 months:

Not a full-time student from:_____ (Month/Year) to _____ (Month/Year)

Not a full-time student from:_____ (Month/Year) to _____ (Month/Year)

***You do not need to include breaks for Summer term, as long as your child was a full-time student during the preceding and following Spring and Fall terms.**

SIGNATURE_____ DATE_____

IMPORTANT: A&I will periodically request updates on your dependent's full-time student status, and will send a COBRA notice around the time of your eligible dependent's 21st and 23rd birthdays. A COBRA notice will not be sent other than at these times, unless a request is made to A&I within 45 days of the date coverage ends. **Coverage will terminate on the 1st of the month following a loss of dependent status. Please note that it is your responsibility to notify our office of any changes that may affect your dependent's eligibility, and to request a COBRA notice if continuation of coverage is desired.**

Administered by A&I Benefit Plan Administrators, Inc.
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