

Public Employees Local 71 Trust Fund
2510 Arctic Boulevard
Anchorage, Alaska 99503
Telephone: (907) 276-7611 / Fax: (907) 274-7101

STUDENT ENROLLMENT CERTIFICATION FORM

Student: Please sign and date your portion of this form and then have the registrar of the school complete his/her portion of this form after your quarter, semester, full-year, or other applicable school term has begun. It is your responsibility to ensure that the completed form is returned to Public Employees Local 71 Trust Fund.

Student Portion:

I authorize the release of the following information to the Public Employees Local 71 Trust Fund.

Student's Signature: _____ Date: _____

Local 71 Plan Participant's Name: _____ SSN: _____

Registrar Portion:

This is to certify that _____ is enrolled as a full- or half-time student
from _____ to _____ and is carrying _____ credits.

School Name: _____

Address: _____

Telephone Number: _____

Registrar's Signature: _____

Note: The Trust will cover a half or full-time student during a semester break, provided the student attends school both before and after the break, and the dependent satisfies all other eligibility requirements. (For example, a student who completes Spring semester will be covered through the summer, as long as he or she attends Fall semester.) If a student fails to return to school after the semester break, coverage will be terminated retroactively to the last day of the month in which the child attended school as a half or full-time student, and the Plan Participant will be required to repay any benefits issued on the dependent's behalf during the time he/she was not eligible. A dependent child who fails to return to school and ceases to be eligible for dependent coverage under the Plan may elect to continue coverage through COBRA, but the eligible member or the dependent must notify the Trust Administrator of the change in status within 60 days of the last day of the month in which the dependent attended school as a half or full-time student.