



HAWAII LABORERS TRUST FUNDS

1440 KAPIOLANI BLVD., SUITE 800 - HONOLULU, HAWAII 96814 – Fax (808) 441-8750
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ANNUITY - HEALTH & WELFARE - LECET - PENSION - TRAINING - VACATION

STUDENT CERTIFICATION FORM

Member's Name		Member's SS#	
Student's Name		Student's SS#	
Student's Date of Birth			

Dear Member:

Your benefit plan provides coverage for unmarried full-time student dependents age 19 through 23. Please refer to the FAQ's on the back of this form to help you understand how you can maintain coverage for your dependent.

Student Certification Form Due Dates:

- Initial Student Certification Form Due: By your dependent's 19th birthday. A High School may complete the form if your child had recently graduated from High School and plans to attend college.
- Subsequent Student Certification Forms Due: No later than 45 days from the start of each Fall & Spring Semester.

Failure to submit this form by the due dates stated above may result in your dependent's permanent termination of coverage.

SECTION I. – TO BE COMPLETED BY STUDENT

<u>AUTHORIZATION TO RELEASE INFORMATION</u>	
I hereby authorize _____ to release the required information below. (Name of School)	
_____ Date	_____ Student's Signature

SECTION II. – TO BE COMPLETED BY YOUR SCHOOL

_____ is/was <u>attending</u> school as a Full-Time _____ Part-time _____ (Students Name)	
student at _____ for the Semester/Quarter: (Name of School)	
From: (beginning) _____ To: (ending) _____	
_____ Date Signed	_____ Superintendent's Signature (School Seal Required)

PLEASE MAIL FORM TO:

Hawaii Laborers' Health & Welfare Trust Fund
 Attn: Member Services Department
 1440 Kapiolani Blvd., Suite 800
 Honolulu, HI 96814

TRUST FUND OFFICE USE ONLY

Eligible (From): _____ (To): _____
 Authorized Signature _____ Date _____
 cc: MEMBER _____ LSIP _____ KAISER _____ HDS _____ ESI _____