

# Full-time Student Certification Form

Building Service 32BJ Benefit Funds



## Questions? Call Member Services at: (212) 388-3500

Instructions: Please print in black or blue ink and be sure to complete both Sections 1 and 2 and sign at the bottom. Section 3 will need to be completed by your child's accredited university, college or trade school.

Section 1		Member Information	
- -		( ) -	
Social Security Number		Telephone Number (Home)	
		( ) -	
First Name	Middle Name	Last Name	Telephone Number (Other)
			/ /
Street Address			Date of Birth (mm/dd/yyyy)
City	State	Zip	Email Address

Section 2		Dependent Information	
		- -	
First Name	Middle Name	Last Name	Social Security Number
			/ /
Relationship to Member		Date of Birth (mm/dd/yyyy)	
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
		<input type="checkbox"/> Separated	( ) -
			Telephone Number
School Name		Type of School	
School Address		School Phone Number	
List any other group insurance or pre-payment health care programs the dependent is covered under.			
List the Policy/group number and the individual's identification number			

Section 3		School Certification – To be completed by an Accredited University, College or Trade School	
		Semester Enrolled	
		<input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	
Total Course Completion to Date		Credits for Current Semester	
/ /		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Expected Date of Graduation (mm/dd/yyyy)		Student Status	

				/ /
<b>Name of School Official</b> <i>(Please Print Clearly)</i>	<b>Title</b>	<b>Telephone Number</b>	<b>Imprint of School Seal</b>	<b>Date</b>

I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

I hereby certify that the above is correct to the best of my knowledge.	
Signature of Member	/ / Date

Please Mail completed form to:

**Department of Eligibility • Building Service 32BJ Benefit Funds**  
**101 Avenue of the Americas • New York, NY 10013-1991**