

BREWSTER TEACHERS ASSOCIATION WELFARE FUND

DEPENDENT STUDENT CERTIFICATION

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH DEPENDENT CHILD (AGES 19 TO 25). THIS INFORMATION IS REQUIRED EACH SEMESTER.

MEMBER INFORMATION/TO BE COMPLETED BY MEMBER

MEMBER'S NAME:
MEMBER'S SOCIAL SECURITY NUMBER:
DEPENDENT'S NAME:
IS DEPENDENT COVERED UNDER ANY OTHER GROUP INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
IS THE ABOVE MEMBER THE PRIMARY CARRIER? <input type="checkbox"/> YES <input type="checkbox"/> NO

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE REGISTRAR'S OFFICE OF THE COLLEGE YOUR DEPENDENT IS ATTENDING. FAILURE TO HAVE THIS FORM COMPLETED WILL RESULT IN A DELAY OF COVERAGE FOR YOUR DEPENDENT.

SCHOOL INFORMATION/TO BE COMPLETED BY SCHOOL REGISTRAR

NAME, ADDRESS, AND PHONE NUMBER OF SCHOOL DEPENDENT IS ENROLLED IN:
IS DEPENDENT ENROLLED AND ATTENDING CLASSES AS A FULL-TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:
DATES OF: A. CURRENT SCHOOL ENROLLMENT: FROM _____ TO _____ B. GRADUATION (EXPECTED): _____

REGISTRAR'S STAMP

SCHOOL CONTACT PERSON

DATE

PLEASE RETURN THIS FORM TO:

Preferred Group Plans, Inc.
P.O. Box 15136
Albany, NY 12212-5136
Tel. 1-800-573-7474 • Fax 518-641-0325

