



**NORTHWEST  
ADMINISTRATORS, INC.**

**FULL-TIME SCHOOL INFORMATION FORM**

**Western Teamsters Welfare Trust**

Children 19 years of age through 25 years of age are not covered unless they are unmarried, attending an accredited educational institution on a full-time basis, and are dependent on you for support/maintenance. Please complete the following information regarding your child and return this form to Northwest Administrators as soon as possible.

**Participant Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

Name and Address of School your Child is Currently Attending:

| Name | Address | City, State | Zip |
|------|---------|-------------|-----|
|------|---------|-------------|-----|

Is this child dependent on you for support and maintenance?  Yes  No

Is this child unmarried?  Yes  No

Is this child currently enrolled in school on a full-time basis?  Yes  No

If yes, indicate dates enrolled. Please indicate current dates enrolled to a maximum of 12-months in the future and dates enrolled in the previous 12-month period. (Do not indicate summer quarter unless in full-time attendance during the summer.)

From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Is this child enrolled for the upcoming Fall quarter?  Yes  No

If this child is no longer in school, please indicate the last date that he/she was enrolled full-time: \_\_\_\_\_

**I certify the above information is true and understand that if any of the above information changes, I must notify my health plan administrative office immediately.**

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return completed form to:** Northwest Administrators, Inc.  
Attn: H&W Claims  
2323 Eastlake Ave E  
Seattle, WA 98102