



**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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this child unmarried? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this child currently enrolled in school on a full-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ Month/Year	To: _____ Month/Year		
From: _____ Month/Year	To: _____ Month/Year		
From: _____ Month/Year	To: _____ Month/Year		
Is this child enrolled for the upcoming Fall quarter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If this child is <u>no longer in school</u> , 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			