



PENNSYLVANIA FACULTY

HEALTH AND WELFARE FUND

P.O. Box 60430
Harrisburg, Pennsylvania 17106-0430

Telephone: (717) 233-4776

FULL-TIME UNMARRIED STUDENT VERIFICATION For Dependent Child Age 19 through Age 24 This Form Must Be Completed Yearly

Name of Student: _____

Birthdate: _____

Name of School: _____

Verify student is or will be enrolled full time: Yes _____ No _____

Number of Credits: _____

Date of School Term(s): From _____ To _____

Date of Expected Graduation: _____

Member/Parent's Name: _____

University: _____

Address: _____

Telephone Number: () _____

Please visit the Fund's website, www.pafac.com, to review the Fund's dependent children eligibility rules. Only unmarried dependent children primarily dependent upon Faculty members for support are eligible for the benefits of the Fund. Dependent children no longer enrolled as full-time students are not eligible for the benefits provided by the Fund.

CERTIFICATION: I hereby certify that all the information listed above is true and correct. I will notify the Fund of any changes to the information listed above.

Member Signature: _____ Date: _____