



Washington Teachers' Union

STUDENT VERIFICATION FORM

The benefits program provided by the Washington Teachers' Union extends benefits to a dependent child over the age of 19 but under the age of 23 who is a full-time student at an accredited college or university, trade or secondary school, primarily dependent on his parent(s) for support and maintenance and is under the maximum age to be considered a dependent.

In order to consider a claim for payment on a dependent child over the age of 19 but under the age of 23, the information below must be completed by the college or university and submitted to the Washington Teachers' Union prior to receiving services.

[THIS SECTION TO BE COMPLETED BY EMPLOYEE]

Employee Name: _____ SSN: ____-____-____

Dependent Name: _____ DOB: ____/____/____ SSN: ____-____-____

[THIS SECTION TO BE COMPLETED BY ADMISSION OFFICER/REGISTRAR]

School Name: _____

School Address: _____
Street City State Zip

Date Student Enrolled: ____/____/____ Anticipated Graduation Date: ____/____/____

Is student attending on a full time basis? YES NO Number of hours: _____

Student is currently attending: Fall Semester Spring Semester Other _____

Signature of Admission Officer/Register: _____

Date: ____/____/____ Phone Number: _____

Forms may be mailed or faxed to the following:

WTU
Benefits Department
1850 K St., NW
Suite 1050
Washington, DC 20006

FAX: 202-223-0259 (Attn: Benefits Department)

To be completed by WTU Benefits office:
Date Received: _____
Date Completed: _____
Completed By: _____
<input type="checkbox"/> DBP <input type="checkbox"/> Spectera