

Alaska Pipe Trades Health and Security Trust

CLAIMS AGENT

P.O. Box 5434 • Spokane, WA 99205-0434
(509)328-0300 • Fax (509)328-8623

STATEMENT OF ENROLLMENT IN COLLEGE

PARTICIPANT _____ SS# _____

DEPENDENT _____ BIRTH DATE _____

Name, address, and registrar's telephone number of educational facility dependent is attending _____

Is the dependent currently a full-time student? YES _____ NO _____

If yes, number of credit units currently carried _____

Current semester began on _____ and will end on _____

Was dependent enrolled as a full-time student last semester? YES _____ NO _____

If yes, number of credit units currently carried _____

Last semester began on _____ and ended on _____

Does the dependent plan on enrolling next semester? YES _____ NO _____

Next semester begins on _____

Number of credits to be carried _____

I understand that Section 1027 of Title 18 of the United States Code makes it a crime to knowingly make a false statement in any document required to be kept by or certified to the administrator of an employee pension or welfare plan. I further understand that the punishment for violations of this law can be both a fine up to \$10,000 and imprisonment for as long as five years.

Participant's Signature _____ Date _____