

# 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 \_\_\_\_\_