

Central Pennsylvania Teamsters Health and Welfare Fund

JOSEPH J. SAMOLEWICZ, Administrator

MARTIN L. CULLEN, Assistant Administrator

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KENNETH A. ROSS, Trustee
DANIEL W. SCHMIDT, Trustee



1055 Spring Street, Wyomissing, PA 19610
Mailing Address: P.O. Box 15224
Reading, PA 19612-5224
www.CentralPATeamsters.com
Phone: 610-320-5500
TOLL FREE IN PA: 1-800-422-8330
TOLL FREE IN USA: 1-800-331-0420

Dear Participant:

We wish to remind you that if your child(ren), listed with the Fund as an eligible dependent(s) for benefit coverage purposes, qualifies as a fulltime student 19 years of age or older, the Fund requires an updated student verification letter from the institution of higher learning. This documentation must be presented to the Fund office by September 30th of each year verifying the dependent's fulltime status for continued eligibility. Eligibility for dependent children who qualify as fulltime students ceases at age 23.

If you have not already done so, please contact the college, university, etc. at the start of the Fall Semester to have this information forwarded to the Fund office for continued dependent coverage. Failure to provide this information to the Fund by **September 30, 2010**, will result in the cancellation of benefit coverage for this dependent as of **September 30, 2010**. This dependent will then be offered COBRA continuation coverage in accordance with federal law.

If at anytime this dependent(s) stops attending the college, university, etc. or is no longer considered a fulltime student coverage/eligibility ceases immediately. If this occurs, please notify the Contributions/Eligibility Department immediately so that our records are updated accordingly. If benefits are paid by the Fund on behalf of said dependent(s) after they are no longer considered a fulltime student, a refund of all benefits paid, by the Fund after that date will be requested.

If you have any questions in this regard, please contact the Contributions/Eligibility Department at the Fund office. You may fax this requested document to the Fund office. **The fax numbers are 484-334-7867 or 484-334-7841.** If you fax this document, please contact the Fund office to confirm we have received this information.

CENTRAL PENNSYLVANIA TEAMSTERS
HEALTH AND WELFARE FUND

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DEFINITION OF A STUDENT

- A student is a dependent child who is enrolled in a bonafide school or college.
- The student year runs from the date of enrollment of the current school year to the date of enrollment of the subsequent school year.
- In the case of high school seniors, the child will be considered a student for the three (3) months after graduation if the child plans to enroll in college within the three (3) month period.
- The only exception to this is in the case of college seniors whose coverage will terminate as of the end of the benefit period after graduation.
- In the event a dependent child turns age 19 and does not enroll in a college, coverage will terminate.
- Students must be under the age of 23
- Students must not be employed full-time (summer employment is consider part-time).
- Students may not be paid by another employer for attending school.
- Students must be enrolled full-time in a certified course.
- Student letters from school or college must state "full-time student".
- Students may not have nor be eligible for any other insurance coverage.
- If at anytime this dependent (s) graduates, stops attending the college, university, etc. or is no longer considered a full-time student coverage/eligibility ceases immediately. If this occurs, please notify the Contributions/Eligibility Department immediately so that our records are updated accordingly. If benefits are paid by the Fund on behalf of said dependent (s) after they are no longer considered a full-time student, a refund of all benefits paid, by the Fund after that date will be requested.