

MICHIANA AREA ELECTRICAL WORKERS' FRINGE BENEFIT FUNDS

Michiana Area Electrical Workers' Health and Welfare Fund
Michiana Area Electrical Workers' Pension Fund
I.B.E.W. Local #153 Annuity Fund

Managed for the Trustees by:
TIC INTERNATIONAL CORPORATION, INC.

STUDENT VERIFICATION

Member's Name _____

Member's SS# _____ Local Union _____

Student's Name _____

Student's SS# _____

Relationship to Member _____ Date of Birth _____

**BELOW PORTION MUST BE COMPLETED BY THE OFFICE OF THE REGISTRAR OF THE
ACCREDITED SCHOOL, COLLEGE, OR UNIVERSITY ATTENDED.**

(Please type or Print)

This is to certify that _____ is enrolled as a full-time/part-time (circle one)
student. This student will/has received _____ credits for the term/semester which
Begins/began on _____ and ends on _____.

Name of Institution: _____

Address: _____

Telephone Number: _____

Signature of Person Verifying Above Information:

SCHOOL STAMP

(Signature)

(Title)