

**JOINT BENEFIT TRUST**

ADMINISTRATOR  
4160 Dublin Blvd., Suite 400  
Dublin, California 94568-7756  
PHONE: 1-800-528-4357  
FAX: (925) 833-7301

CHAIRMAN, John Hurley  
CO-CHAIRMAN, John Hailstone

**STUDENT STATUS FORM**

Member \_\_\_\_\_

Date \_\_\_\_\_

Member's S.S.# \_\_\_\_\_

Student's Name \_\_\_\_\_

Dear Member:

To continue eligibility for your over age 19 dependent, we require the lower portion of this form to be completed by the school he/she is attending. We must have the complete dates for the beginning and ending of each quarter/semester. A completed Student Status Form must be submitted to **Joint Benefit Trust** at the beginning of each quarter/semester.

If you have any questions regarding this matter, please do not hesitate to contact this office.

Medical Eligibility Department  
1-800-528-4357 or 1-925-833-4357

**CLASS SCHEDULE IS NOT ACCEPTABLE**

PLEASE HAVE THE FOLLOWING SECTION COMPLETED  
BY THE REGISTRAR TO VERIFY FULL-TIME STATUS

QUARTER/ SEMESTER	YEAR	DATES (Month, Day, Year)	(Yes / No) FULL TIME?	UNITS
Summer	_____	____/____/____ to ____/____/____	_____	_____
Fall	_____	____/____/____ to ____/____/____	_____	_____
Winter	_____	____/____/____ to ____/____/____	_____	_____
Spring	_____	____/____/____ to ____/____/____	_____	_____

REGISTRAR'S SIGNATURE \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**(THIS FORM IS UNACCEPTABLE WITHOUT A SCHOOL SEAL)**