

UA LOCAL 190 FRINGE BENEFIT FUNDS

Student Rider Registration

Member Name: _____

Social Security Number: _____

Member
Dependent

Dependent Name: _____

Relationship to Member _____ Dependent's Birth Date: _____

****The following must be completed by the office of the Registrar
accredited School, College, or University Attended ****

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: _____

Your Title: _____

School Stamp

I certify that the above dependent depends on me for more than half of his or her support and maintenance.

Parent's Signature: _____

UA LOCAL 190 FRINGE BENEFIT FUNDS