Teamsters Joint Council No. 83 of Virginia Health & Welfare and Pension Funds

Administered by West End Administrators, Inc.
8814 Fargo Road · Suite 200 · Richmond, VA 23229
Phone (804) 282-3131 · 800-852-0806 · Fax (804) 288-3530

STUDENT VERIFICATION FORM

This form must be completed and signed by the dean of admission or the school registrar.

Please check one: ☐ Spring Semester (form must be returned by 2/28)

☐ Fall Semester (form must be returned by 10/31)

Student's Name _____

Participant's Name _____

Participant's SSN or Unique Identification# _____

Student's SSN or ID # _____

Is student (check one): ☐ Full time ☐ Part time

Student registers (check one): ☐ Yearly ☐ Quarterly ☐ By semester

Ending date of current year, quarter or semester _____

Beginning date of next year, quarter or semester _____

Expected date of graduation _____

Dates student was previously registered as a full-time student:

From _____ To_____ From_____ To _____

From _____ To_____ From_____To _____

Is student employed? ☐ Yes ☐ No (other than work-study program)

Employers name and address: _____

_____

Is this school accredited? ☐ Yes ☐ No If not accredited, is this school approved by the Veterans Administration for educational benefits? ☐ Yes ☐ No

School name and address _____

_____

Signature _____ Date _____

Title _____