



El Paso Firemen & Policemen's Pension Fund



STATEMENT OF ENROLLMENT College or University • Technical or Trade School

The purpose of this form is to confirm student status in accordance with Section 3.21 of the El Paso Firemen & Policemen's Pension Fund for the semester/quarter indicated. This information will be used to determine eligibility for survivor benefits paid from the Fund.

This form must be completed and returned to the Fund office prior to the beginning of the semester/quarter for evaluation of survivor benefit payment eligibility.

Semester/Quarter:

SECTION I: STUDENT CERTIFICATION (completed by student)

In compliance with Section 3.21 of the El Paso Firemen & Policemen's Pension Fund Plan Document, I hereby certify that I am/will be enrolled as a full-time student at the institution listed below and semester/quarter indicated above. I further certify that I am an unmarried student attending school on a full-time basis. I understand that it is my responsibility to notify the Fund immediately if my status changes to less than full-time and/or I become married during the semester/quarter. I understand that failure to submit proof of my full-time enrollment and marital status following the completion of this semester/quarter will result in my not receiving retroactive benefit payments. Additionally, I understand my survivor benefit terminates the day preceding the date of my marriage or the day preceding my 23rd birthday, regardless of whether I am a full-time student.

I certify under penalty of perjury under the laws of the State of Texas that I understand, will comply with, and attest that the information indicated above is true and accurate.

Student Signature:

Date:

Printed Name of Student:

Phone Number:

Mailing Address:

SECTION II: ENROLLMENT INFORMATION (completed by school representative)

Student Name:

Social Security Number:

I certify that the above student is enrolled in this school for the school semester/quarter indicated above:

Semester/Quarter Start Date:

Semester/Quarter End Date:

Credit Hours Enrolled:

Number of Credit Hours Per Semester/Quarter for Full-Time Status:

Signature of School Representative:

Date:

Name of School:

Address:

Phone Number:

Return this form to the El Paso Firemen & Policemen's Pension Fund.