

Michigan Laborers' Health Care Fund
 Michigan Laborers' Pension Fund
 Michigan Laborers' Annuity Fund
 Michigan Laborers' Vacation Fund
 Michigan Laborers' Training and Apprenticeship Fund
 Michigan Laborers' and Employers' Cooperation & Education Trust Funds
 Managed for the Trustees by:
 TIC International Corporation

Michigan Laborers' Fringe Benefit Funds

6525 Centurion Drive ■ Lansing, MI 48917-9275 ■ (517) 321-7502 ■ Fax (517) 321-7508
 Toll Free 877-MI-LABOR (877-645-2267) ■ www.michiganlaborers.org



STUDENT VERIFICATION

Member's Full Name: _____

Member ID# or SS#: _____ Local Union: _____

Student's Full Name: _____

Student's SS #: _____

Relationship to Member: _____ Birthdate: _____



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 (check one)

full-time part-time 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

