

Department of Labor and Industries  
 Pension Benefits Section  
 PO Box 44281  
 Olympia WA 98504-4281  
 Phone: (360) 902-5119  
 FAX: (360) 902-6455



## VERIFICATION OF SCHOOL ENROLLMENT

Folio number
Claim number
Injured Worker's name

***This form must be completed after starting classes and submitted every school term.***

### Part A - To be completed by the student

Student's name	Phone number ( )	Social Security No. (for ID only)
CHECK IF NEW ADDRESS <input type="checkbox"/>	Student's address	
City	State	ZIP + 4
Have you ever been in jail or prison? No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes", date _____ Where _____	To avoid an overpayment, I understand that I must notify the department immediately if my status as a full-time student changes or if I am put in jail or prison or enlist in the military. <b>By my signature I declare these statements are true.</b>	
Have you ever been in the military? No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes", date _____	Date	Signature of student

### Part B - To be completed by a school official (*preferably the registrar*)

The above named student is enrolled and attending the following school:

Name of school		
School mailing address		
City	State	ZIP + 4
School term begins	School term ends	Enrolled with _____ credits
Enrolled and attending as a Full-time student <input type="checkbox"/> Part-time student <input type="checkbox"/>		Anticipated graduation date
Comments		
<b>School Seal</b>	Printed name of school official	
	Title	
	Phone number ( )	Date
	Signature	

You are entitled to receive pension benefits in your own name up to age 23 if you are enrolled in an accredited school as a full-time student. Payments will be sent to you once a month when the department receives notice you are attending school full time.

The form on the opposite side will be mailed to you approximately 30 days prior to the end of the quarter. If you plan on continuing to attend school full time you need to:

- Complete part A of this form and the school needs to complete part B, AND
- Return the completed form to the department within 30 days after the new quarter begins.

If proof of attendance isn't received payments will stop and you must pay back the money received during any period you were not enrolled full time.

If you have questions about this form please call the phone number listed on the front of the form.

Forms are available on-line at [www.lni.wa.gov](http://www.lni.wa.gov). Click on "Get a form or publication" and search for "Verification of School Enrollment" form.