

School Certificate for Benefits from Comprehensive Protection Plan (CPP)

Student name _____ Birthdate _____
Student address _____ Social Security # _____

Conference _____
Surviving child of _____ Student phone # _____

Part 1 – General Information

The Comprehensive Protection Plan (CPP), administered by Wespath, provides educational benefits for children of deceased plan participants. The benefit is available to eligible children ages 18 to 24 who are enrolled in and continue to attend a secondary school or a post-secondary standard school or college as full-time students while receiving passing grades. The benefit is payable for a maximum of four years of education beyond the secondary school level.

Students of a secondary school must file a school certificate every academic year. For post-secondary students, a school certificate must be filed with Wespath every semester, quarter or trimester. This form must be completed and signed by the registrar or another enrollment officer of the school in which the student is enrolled before the student may qualify for an education benefit. Please sign and date this form and return it to Wespath after the registrar or other enrollment official has completed Part 2. Wespath will check with the registrar periodically to confirm your attendance for the entire term. If you do not maintain full-time attendance for the term, Wespath will request that you return the benefits.

If you wish to have your payment sent by electronic funds transfer to your financial institution, please complete a *Direct Deposit* form.

Part 2 –To Be Completed by the Registrar

Note: Official school documentation may be submitted in lieu of completing this section as long as both the enrollment and grade information are provided.

This is to certify that the above named student is enrolled as follows:

☐ High School	☐ Full-time	☐ Semester	Beginning date _____
☐ College	☐ Part-time	☐ Quarter	Ending date _____
☐ Other		☐ Trimester	

Prior term GPA: ☐ Pass ☐ Fail

Name of school _____ Accreditation: ☐ Yes ☐ No
School address _____ School phone # _____

Official seal (to be stamped by registrar)

Print name of registrar/school official _____

Signature of registrar/school official _____

Date _____

(continued)

Part 3 – To be Completed by the Student

Please read the following statement before signing below. Your signature documents your agreement to abide by the terms of the following statement.

I agree that my acceptance of any money advanced to me for the purpose of covering educational expenses shall be subject to the terms and provisions of CPP. Further, I understand and acknowledge that if I discontinue full-time enrollment in an educational institution approved in accordance with the terms of CPP, I shall no longer be entitled to the money advanced to me and shall be required to refund such money to Wespath. In the event I discontinue full-time enrollment in an approved educational institution before the end of the current school term to which this School Certificate applies, I shall refund all of the money advanced to me for such term.

I hereby authorize the school named in Part 2 of this form to respond directly to Wespath and to verify details concerning my enrollment, attendance and grade point average.

Signature of student _____ Date _____

If you are **NOT** completing this document online, please complete it and return to Wespath by one of the following methods:

- E-mail (scanned copy) to **survivorteam@wspath.org** or
- Fax to **1-847-866-4677** or
- Mail to Wespath
Survivor Benefits
1901 Chestnut Avenue, Glenview, IL60025

Be sure to keep a copy for your records.

This form includes and/or is requesting personally identifiable information (PII) and/or protected health information (PHI). You are encouraged to make elections and beneficiary designations online at **benefitsaccess.org**. When possible, managing your benefits online is the recommended approach to keep your PII and PHI safe and secure.