


**SUFFOLK COUNTY MUNICIPAL EMPLOYEES BENEFIT FUND**

**STUDENT VERIFICATION FORM**

**MUST BE COMPLETED BY THE MEMBER**

**SEMESTER:**     Spring 20\_\_         Fall 20\_\_

Member Name: \_\_\_\_\_ Member SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dependent's Name: \_\_\_\_\_ Dependent's SS # \_\_\_\_\_

My son/daughter is currently a full time student. **(School Registrar's verification REQUIRED below.)**  
 12 credits or more for undergraduate (unless in last semester)  
 9 credits or more for graduate (unless in last semester)

My son/daughter is not returning to school.

My son/daughter is graduating or graduated from school on \_\_\_\_\_ .

My son/daughter is enrolled as a full-time student but we are unable to acquire student verification at the present time. I understand that if verification is not received by the Fund no later than January 31<sup>st</sup> for the Spring semester or September 30<sup>th</sup> for the Fall semester, I am responsible for reimbursing the Fund for any benefits paid out on my son or daughter's behalf.

**I certify that the above is true and accurate.**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MEMBER COMPLETION

**MUST BE COMPLETED BY THE SCHOOL REGISTRAR**

**SEMESTER:**     Spring 20\_\_         Fall 20\_\_

Name of Student \_\_\_\_\_

Name of School: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Undergraduate enrolled for \_\_\_\_\_ credits.

Graduate enrolled for \_\_\_\_\_ credits.

Anticipated graduation date: \_\_\_\_\_

Signature of Registrar: \_\_\_\_\_

Title: \_\_\_\_\_

**Affix Seal/Stamp Here**

**Please Return to:**  
**Suffolk County Municipal Employees Benefit Fund**  
**30 Orville Dr., Suite D, Bohemia, NY 11716-2513**  
**Attn: Eligibility**

SCHOOL COMPLETION