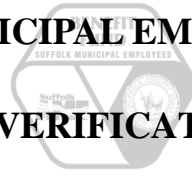


SUFFOLK COUNTY MUNICIPAL EMPLOYEES BENEFIT FUND



STUDENT VERIFICATION FORM

MEMBER COMPLETION	<u>MUST BE COMPLETED BY THE MEMBER</u>	
	SEMESTER: <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Fall 20____	
	Member Name: _____ Member SS#: _____	
	Address: _____ Phone #: _____	
	City: _____ State: _____ Zip Code: _____	
	Dependent's Name: _____ Dependent's SS # _____	
	<input type="checkbox"/> 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)	
	<input type="checkbox"/> My son/daughter is not returning to school.	
	<input type="checkbox"/> My son/daughter is graduating or graduated from school on _____ .	
	<input type="checkbox"/> 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 st for the Spring semester or September 30 th 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: _____

SCHOOL COMPLETION	<u>MUST BE COMPLETED BY THE SCHOOL REGISTRAR</u>	
	SEMESTER: <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Fall 20____	
	Name of Student _____	
	Name of School: _____ Telephone: () _____	
	City: _____ State: _____ Zip Code: _____	
	<input type="checkbox"/> Undergraduate enrolled for _____ credits.	
	<input type="checkbox"/> 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