

# SUFFOLK COUNTY MUNICIPAL EMPLOYEES BENEFIT FUND STUDENT VERIFICATION FORM



Dependent children are covered until the age of 19 unless they are a full-time college student. The Fund requires verification twice a calendar year, Spring and Fall semesters, from the student's school. A full-time student is a minimum of 12 credits for undergraduate or a minimum of 9 credits for a graduate student, unless in the last semester before graduating (Please note the anticipated graduation date below). If your dependent is currently a full-time student, you **do not** have to pay for COBRA benefits.

- **Spring Semester - January 1<sup>st</sup> to September 30<sup>th</sup>**
- **Fall Semester - September 1<sup>st</sup> to January 31<sup>st</sup>**

- The Registrar's office may complete the section below, provide a letter of verification **OR** you may send a **copy of the student's schedule, showing how many credits per class and proof of payment to the school.** You may also use a clearinghouse website to receive the verification (Ex. National Student Clearinghouse – nscverifications.org)
- **Active Military** is **only** required to show proof of enrollment **once a year** (ex. enlistment agreement or assignment papers). **Military Academy** is required **twice a year**, Spring and Fall semesters.
- Schools that do not comply with the semester system (ex. trimester) may submit proof of enrollment they receive **twice a year.**
- A **Vocational school** (beauty, auto, nursing, etc.) is accepted if a **letter verifying full-time status is sent from the school.**
- If your dependent is currently a student in High School, please submit a letter from the school with a graduation date noted.
- If verification is not received by the Fund, the member is responsible for reimbursing the Fund for any benefits paid out on your dependent's behalf.

## MUST BE COMPLETED BY THE MEMBER

**MEMBER**

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

Address: \_\_\_\_\_ BF#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

## MUST BE COMPLETED BY THE SCHOOL REGISTRAR

**SCHOOL REGISTRAR**

Spring 20\_\_\_\_  Fall 20\_\_\_\_

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

Name of School: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Exceptions:  Trimester  Military  Vocational School

Undergraduate enrolled for \_\_\_\_\_ credits or \_\_\_\_\_ units.

Graduate enrolled for \_\_\_\_\_ credits or \_\_\_\_\_ units.

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

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

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

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

**Affix Seal/Stamp Here**