

**SUFFOLK COUNTY MUNICIPAL EMPLOYEES BENEFIT FUND**



**STUDENT VERIFICATION FORM**

**MEMBER COMPLETION**

<b>SEMESTER</b>		
<input type="checkbox"/> Spring 20__	<input type="checkbox"/> Fall 20__	<input type="checkbox"/> Summer 20__
Member Name: _____		Member SS#: _____
Address: _____		
City: _____	State: _____	Zip Code: _____
Dependent's Name: _____		Dependent's SS # _____
<input type="checkbox"/>	My son/daughter is currently a student. <b>(School Registrar's verification required. See below.)</b>	
<input type="checkbox"/>	My son/daughter is not returning to school.	
<input type="checkbox"/>	My son/daughter 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 <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.	
<b>I Certify that the above is true and accurate.</b>		
Member Signature: _____		Date: _____

**SCHOOL COMPLETION**

<b>SEMESTER</b>		
<input type="checkbox"/> Spring 20__	<input type="checkbox"/> Fall 20__	<input type="checkbox"/> Summer 20__
Name of Student _____		
Name of School: _____		Telephone: ( ) _____
City: _____	State: _____	Zip Code: _____
<input type="checkbox"/>	Undergraduate enrolled for _____ semester hours.	
<input type="checkbox"/>	Graduate enrolled for _____ semester hours.	
Anticipated graduation date: _____		
Signature of Registrar: _____		
Title: _____		
Please Return to: Suffolk County Municipal Employees Benefit Fund 30 Orville Dr., Suite D, Bohemia, NY 11716		
<b>Affix Seal/Stamp Here</b>		