



OFFICE OF THE COMPTROLLER

JOSEPH R. CAPUTO  
COMPTROLLER

PHIL BAUCCIO  
EXECUTIVE DIRECTOR  
RISK MANAGEMENT & BENEFIT

VERIFICATION OF STUDENT STATUS

DEPENDENT NAME: \_\_\_\_\_

\*DEPENDENT SS #: \_\_\_\_\_

MEMBER SS #: \_\_\_\_\_  
(Member's Name)

\_\_\_\_\_  
(Member's Address)

DATE: \_\_\_\_\_

Dear Member:

Our records indicate that the above dependent is over the age of 19. Benefits are extended to children age 19 to 25 if they are unmarried full-time students. If this is the case, you must have your child's school complete the following and return to us as soon as possible. Benefits can not be paid until we are in receipt of this form.

\*The student's social security number must be filled in before mailing to the registrar's office or the school will not be able to identify him/her.

\*\*\* TO BE COMPLETED BY REGISTRAR'S OFFICE ONLY \*\*\*

Student's Name \_\_\_\_\_

School Name \_\_\_\_\_

Registered for \_\_\_\_\_ semester taking \_\_\_\_\_ credit hours as a [ ] full-time student or [ ] part-time student.

Classification: \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Graduate Student

Anticipated Date of Graduation: \_\_\_\_\_ Withdrew: \_\_\_\_\_

Full or partial payment [ ] has [ ] has not been received for this semester.

Comments: \_\_\_\_\_

The information found above is true and correct as of \_\_\_\_\_, 20\_\_\_\_.

Authorized Signature: \_\_\_\_\_

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

RISK MANAGEMENT AND BENEFIT DIVISION

H. LEE DENNISON BLDG. - 7TH FLOOR  
VETERANS MEMORIAL HIGHWAY  
P.O. BOX 6100  
HAUPPAUGE, NEW YORK 11788-0099  
(631) 853-4700 FAX (631) 853-4956

EMPLOYEE BENEFITS 853-4852  
WORKERS' COMPENSATION 853-4780  
LIABILITY 053-4952  
DISABILITY & VDT 853-4807  
EMPLOYEE SAFETY & HEALTH 853-4890  
WORKERS' COMP. FAX 853-4789