



# DEPENDENT STUDENT CERTIFICATION FORM 2017-2018

MAIL TO: PO Box 516, Latham, New York 12110  
OR FAX TO: (518) 786-3658  
(800) 323-2732 | WWW.CSEAEBF.COM

Member Name: \_\_\_\_\_

CSEA EBF ID #: \_\_\_\_\_

Member Phone #: \_\_\_\_\_

Member Email: \_\_\_\_\_

**I certify that my dependent student listed below meets all of the following requirements for eligibility as a dependent student:**

Student Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

A. Is the dependent student married? Yes  No

B. Semester(s) enrolled: Fall 2017  Spring 2018  Both Semesters

C. Is a full-time student in high school or college/university.\* Yes  No

D. Expected date of graduation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## PLEASE PRINT CLEARLY

Student Name

School Name

School Address

School City  State  Zip Code

School Phone  -  -

\*The dependent child or ward must be enrolled in a minimum of 12 undergraduate or 6 graduate credit hours to be considered full time. Courses must be from a regionally accredited college or university and working toward an Associate's Degree (e.g., A.A. or A.S.), Bachelor's Degree (e.g., B.A. or B.S.) or Master's Degree (e.g., M.A. or M.S.). Technical courses of short duration do not qualify, even if a diploma is awarded.

**I attest that the information shown above is true and complete. I understand that failure to complete this form may result in a delay, denial or termination of coverage for the above-named dependent. I understand that CSEA Employee Benefit Fund reserves the right to ask for more information as proof of the above-named dependent's full-time student status.**

**I agree to advise CSEA Employee Benefit Fund promptly of any changes in my child's dependent student status.**

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim concerning any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation.