



DEPENDENT STUDENT CERTIFICATION FORM 2019-2020

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 2019 [] Spring 2020 [] 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 [grid]

School Name [grid]

School Address [grid]

School City [grid] State [] Zip Code []

School Phone [grid]

*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.