



(845) 562-7988 • 52 Pierces Road • Newburgh, NY 12550
Dependent Student Semester Verification Form

Member: _____ Date: _____

Dependent Student _____

Dear: _____

Please update our files by submitting the following information. This will enable us to expedite the processing of your claims when submitted. No dental claims will be processed and no vision verification numbers will be given to providers until this form is completed in its entirety and returned to the Benefit Trust office.

FOR THE 2010-2011 SCHOOL YEAR:

- 1. Is this dependent a full time student? Yes ___ No ___
2. Is he/she primarily (more than 51%) dependent on you for support and maintenance? Yes ___ No ___
3. If your answer is "yes" to Numbers 1 and 2 above, please have the registrar of the school where the dependent attends complete the following information and affix the school seal.

Fall semester credit hours are: _____

Spring semester credit hours are: _____

The anticipated date of graduation is: _____

Affix school seal above

Name and address of college or school: _____

Thank you for providing the information requested. PLEASE SIGN BELOW AND RETURN AS QUICKLY AS POSSIBLE TO INSURE CONTINUATION OF BENEFITS.

I CERTIFY THAT ALL OF MY RESPONSES ON THIS FORM ARE ACCURATE AND CORRECT. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE FUND OFFICE OF ANY CHANGES IN THE ABOVE INFORMATION.

_____ Member Signature

Very truly yours,
Robin B. Eitel
N.T.A.B.T.F.

