



Faculty Association Suffolk Community College Benefit Fund

533 College Road, Southampton Building. Room 224D

Selden, New York 11784-2899

631-732-6500 or 631-451-4323

STUDENT VERIFICATION FORM

Member Complete

Member Name _____ DH Cook Member ID Number _____

Address _____

City _____ State _____ Zip Code _____

Dependent /Student Name _____

Dependent/Student DH Cook ID Number (with letter from ID card) _____

_____ This dependent has graduated and is no longer eligible. Graduation Date _____

_____ This dependent is not returning to school.

_____ This dependent is over 19 and under 25 years old.

I certify that the above information is true and accurate.

Member's Signature _____ **Date** _____

We are verifying the status of this student in order to determine eligibility for benefits. Your prompt response to the following would be greatly appreciated and will prevent any interruption in coverage.

This is to verify that the above named student is currently enrolled as a full-time student as follows:

FALL 20 _____ for _____ semester hours of undergraduate _____ graduate _____ courses.

SPRING 20 _____ for _____ semester hours of undergraduate _____ graduate _____ courses.

PLEASE ATTACH THE CURRENT SEMESTER SCHEDULE SHOWING:

STUDENT NAME

COLLEGE

NUMBER OF CREDITS

FULL TIME STATUS FOR UNDERGRADUATE IS 12 CREDIT HOURS - GRADUATE IS 6 CREDIT HOURS,
AT AN ACCREDITED EDUCATIONAL INSTITUTION.