BENEFIT TRUST FUND

Phone: (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 2024-25 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 the dependent attends complete the following information and affix the school seal or provide supporting documents showing student is full time with 12 or more credits.

_____ _____

Fall Semester 2024 semester credit hours Spring 2025 semester credit hours

_____ _____

Anticipated date of graduation Name and address of college or school

Thank you for providing the information requested. Please sign below and return as quickly as possible to ensure 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 Date