

NORTH SHORE SCHOOLS FEDERATED EMPLOYEES  
 BENEFIT TRUST FUND  
 DEPENDENT STUDENT VERIFICATION FORM

Dear Member:

A Student Verification Form must be filed for each semester during which services are rendered. In order to consider your dependent child, who is between 19 and 24 years of age, for benefits under the **North Shore Schools Federated Employees Benefit Trust Fund** Dental Program, please complete Section I and forward to the Registrar/Bursar's office for the completion and submission or attach a letter from the Register/Bursar's office that demonstrates your dependent is currently a full time student and return to:

**Administrative Services Only, Inc**  
**PO Box 9005**  
**Lynbrook, NY 11563**

**SECTION I TO BE COMPLETED BY MEMBER**

**MEMBER NAME:** \_\_\_\_\_ **SOC. SEC. NO** --  
(LAST NAME) (FIRST NAME)

**STUDENT NAME:** \_\_\_\_\_ **SOC. SEC. NO** --  
(LAST NAME) (FIRST NAME)

**DATE OF BIRTH** --

I certify that my dependent meets all of the following criteria for eligibility as a dependent student:

	YES	NO
A. Dependent is between 19 and 24 Years of age.	<input type="checkbox"/>	<input type="checkbox"/>
B. Unmarried	<input type="checkbox"/>	<input type="checkbox"/>
C. Is a full-time student in at an accredited educational institution	<input type="checkbox"/>	<input type="checkbox"/>

I agree to advise the Fund promptly of any changes in my child's dependent student status.

**MEMBERS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION II TO BE COMPLETED BY ACCREDITED EDUCATIONAL INSTITUTION**

**NAME OF SCHOOL:** \_\_\_\_\_ **IS ACCREDITED**  YES  NO

I CONFIRM THAT \_\_\_\_\_ (student name)

**IS REGISTERED AS A:**  FULL-TIME OR  PART-TIME STUDENT

**FOR THE:**  FALL OR  SPRING SEMESTER

**WHICH BEGINS ON** // **AND ENDS ON** //

**MAIL VALIDATED FORM TO:** ADMINISTRATIVE SERVICES ONLY, INC.  
 PO BOX 9005  
 LYNBROOK, NY 11563-9005



\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**AUTHORIZED SIGNATURE OF REGISTRAR OR BURSAR** **DATE**