



Dear Member:

Our enrollment records indicate that you presently have enrolled a dependent child who is age 19 or over. Coverage for this dependent may be continued up to age 25 if he or she is a full-time student. Proof of student status is required annually. Coverage terminates three months from the end of the month in which a student graduates.

To qualify for continued coverage, your child must be a full-time student enrolled for at least 12 undergraduate or 6 graduate credit hours in an accredited college or university. The credits must be in a college degree program; that is, he or she must be working towards a formal college degree such as a Bachelor of Arts (BA), Bachelor of Science (BS), Master of Arts (MA), Master of Science (MS), Associates Arts Degree (AA, AS), etc. Technical courses for short duration do not meet this requirement.

Please have the reverse side of this form completed verifying student eligibility. Pre-registration information cannot be accepted.

Thank you for your cooperation.

ENROLLMENT UNIT
CSEA Employee Benefit Fund

NOTE

This form is used only to update/validate the CSEA EBF dependent student eligibility file. Your Health Insurance carrier may require different or additional evidence of dependent student enrollment. We suggest that you obtain an additional letter of student enrollment from the school registrar to avoid delays in processing health insurance claims for your child.

TO BE COMPLETED BY EMPLOYEE

EMPLOYEE NAME: _____

SS#: _____

STUDENT NAME: _____

SS#: _____

I verify that _____ is enrolled as a full-time student for the current school year.

EMPLOYEE SIGNATURE

DATE

PLEASE DO NOT DETACH

TO BE COMPLETED BY REGISTRAR

This is to certify that _____ is currently enrolled as a full-time
(Name of Student)

matriculated student at _____
(Name of College/University)

for the _____ school year. He/She is pursuing a degree in _____ ,

is registered for _____ credit hours and is expected to graduate

SIGNATURE

TITLE

()
TELEPHONE

DATE

SCHOOL SEAL/STAMP

RETURN TO:

CSEA EMPLOYEE BENEFIT FUND
P.O. BOX 516
LATHAM, NY 12110-0516
