

PBA DEPENDENT STUDENT CERTIFICATION FORM

Retiree Health and Welfare Fund of the Patrolmen's Benevolent Association
of the City of New York

125 Broad Street, 11th Floor New York, NY 10004

Phone: (212) 349-7560 Fax: (212) 437-9480

Email: Benefit_Questions@nycpba.org



Section One

(To Be Completed By Member)

Member's Information

Tax ID: _____

Email Address: _____ Telephone Number: _____

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Dependent Student's Information

Dependent's Social Security Number: _____

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: _____ Name of School: _____

I certify that my dependent named above, meets **all three (3) of the requirements for eligibility as a dependent student.**

1. Is unmarried; and
2. Member supplies at least 50% of the student's support and student is an eligible dependent of the member; and
3. Is enrolled as a full-time **undergraduate** student, as determined by the school (usually 12 credits) at an **accredited College or University**, in an Associates or Bachelors degree program in the state in which the school is located.

I fully understand that failure to notify the PBA Health & Welfare Fund Office of a change in my child(s) dependent status may result in my being personally responsible for all expenses and/or costs incurred by the Fund for my dependent(s) retroactive to the effective date of the status change.

Member's Signature

Date

Section Two

(To Be Completed By Authorized Person in the Registrar's Office of the Educational Institution)

The student named in this form may be eligible for PBA Health & Welfare Benefits. In order for the PBA Funds Office to determine a student's eligibility, please complete the following information:

1. Is the student enrolled full time in an Associates or Bachelors degree program (Y/N)? _____
2. Is your institution accredited (Y/N)? _____
3. Semester Currently Enrolled In (Circle One): Fall Spring
4. Anticipated Graduation Date: _____
5. Registrar's Telephone number: _____
6. Authorized Signature/Title: _____

Affix Institution Seal/Stamp Here

Note: In lieu of this form, we will accept your dependent's current Enrollment Verification Certificate from the National Student Clearinghouse <http://www.studentclearinghouse.org>.