

Faculty Association Suffolk Community College Benefit Fund  
533 College Road, Southampton Building. Room 224D  
Selden, New York 11784  
631-732-6500 or 631-732-6599

STUDENT VERIFICATION FORM

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Member Complete

Member Name \_\_\_\_\_ DH Cook Member 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.