

SUFFOLK COUNTY MUNICIPAL EMPLOYEES BENEFIT FUND

STUDENT VERIFICATION FORM

SEMESTER

Spring 20____ Fall 20____ Summer 20____

Member Name : _____ Member SS#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Dependent's Name: _____ Dependent's SS # _____

My dependent is a full-time student at a college or university. See below for details.