



Management Benefits Fund

40 Rector Street, 3rd fl.
New York, NY 10006
Tel.: 212-306-7290
TTY: 212-306-7629
Outside N.Y.C.: 1-888-4000MBF
Internet: nyc.gov/html/olr

DEPENDENT STUDENT CERTIFICATION FORM (19 - 23 years only)

Section One: To be completed by member

MEMBER INFORMATION

LAST NAME:	FIRST NAME:	MI:
SOCIAL SECURITY #:	AGENCY NAME:	
ADDRESS (NUMBER AND STREET):		APT. #:
CITY:	STATE:	ZIP:

DEPENDENT STUDENT INFORMATION

LAST NAME:	FIRST NAME:	MI:
SOCIAL SECURITY #:	DATE OF BIRTH: / /	
NAME OF SCHOOL:		
ADDRESS OF SCHOOL:		
CITY:	STATE:	ZIP:
SEMESTER: <input type="checkbox"/> FALL <input type="checkbox"/> SPRING	MONTH:	YEAR:
YEAR OF STUDY:		<input type="checkbox"/> 1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD <input type="checkbox"/> 4 TH <input type="checkbox"/> 5+

Definition of dependent student:

A full-time dependent student is a person who meets all of the following conditions: He/she is at least 19 years of age, unmarried, receives at least half of his/her support from the Management Benefits Fund member, and is enrolled full-time in an accredited secondary or preparatory school or college. Dependent students are covered up to their 23rd birthday.

MEMBER SIGNATURE

I certify that my dependent, _____, meets all of the following requirements for eligibility as a dependent student.

- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| A. 19 years of age or older | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Unmarried | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Receives at least half of his/her support from the Management Benefits Fund member | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is a full-time student in an accredited secondary or preparatory school or college | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Expected date of graduation _____ / _____ / _____ | | |

I agree to advise the Management Benefits Fund promptly of any changes in my child's dependent student status. I understand that I must submit the Dependent Student Certification Form for each semester for each dependent who meets the eligibility requirements. I certify that to the best of my knowledge that all the above information is true and complete.

MEMBER SIGNATURE: _____ DATE: _____ / _____ / _____

Section Two: To be completed by authorized person in the registrar's office of the student's educational institution (Affix the institution's seal or stamp where indicated below.)

The student named on this form may be eligible for benefits through the City of New York Management Benefits Fund under his or her parent's/guardian's coverage. See Section One, above, for definition of dependent student. In order for the Management Benefits Fund to determine the student's eligibility, please complete the following information:

- Is the student enrolled full-time? Yes No
- Student's expected degree or diploma _____
- Is _____ accredited? Yes No
(Name of Institution)
- Registrar's telephone number: (_____) _____ - _____

Authorized Signature/Title

Mail validated form to: City of New York
Management Benefits Fund
40 Rector Street, 3rd Floor
New York, NY 10006



Affix Institution Seal/Stamp Here