



# SERGEANTS BENEVOLENT ASSOCIATION

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## DEPENDENT STUDENT CERTIFICATION FORM

### Section One: To Be Completed By Member

#### Member Information:

Tax ID #: \_\_\_\_\_  
Name: \_\_\_\_\_  
Last Name First Name MI  
Address: \_\_\_\_\_  
Street Number and Name  
City State Zip  
Email: \_\_\_\_\_

#### Student & School Information:

Name: \_\_\_\_\_  
Last Name First Name MI  
Date of Birth: \_\_\_\_\_  
Month Day Year  
Name of School: \_\_\_\_\_  
School Phone Number: \_\_\_\_\_

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

- A. 19 years of age or older Yes \_\_\_ No \_\_\_
- B. Unmarried Yes \_\_\_ No \_\_\_
- C. Full-time student in an accredited secondary, preparatory school, or college Yes \_\_\_ No \_\_\_
- D. Is the student currently paying for SBA COBRA coverage Yes \_\_\_ No \_\_\_
- E. Semester (Circle One): Fall / Spring Year: \_\_\_\_\_

I fully understand that a failure to notify the SBA Health & Welfare Fund Office of a change in my child's dependent status will result in my being personally responsible for all expenses and/or costs incurred by the Fund 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 SBA Health & Welfare Benefits. In order for the SBA to determine a student's eligibility, please complete the following information:

- 1. Is the student enrolled full-time? Yes \_\_\_ No \_\_\_
- 2. Is your institution accredited? Yes \_\_\_ No \_\_\_
- 3. Registrar's Telephone number \_\_\_\_\_
- 4. Authorized Signature/Title: \_\_\_\_\_

Mail, Email, or Fax Validated Form to: SBA Health & Welfare Office  
57 Leonard Street  
New York, NY 10013  
(email) [healthandwelfare@sbanyc.org](mailto:healthandwelfare@sbanyc.org)  
(fax) 212-343-5653

Affix Institution Seal/Stamp Here

It is a crime to provide false or misleading information or to conceal information for the purpose of defrauding the SBA Health & Welfare Fund.

In lieu of this form, we will accept your dependent's Current Enrollment Verification Certificate from the National Student Clearinghouse.