

MINISINK VALLEY

Dependent Student Certification Form



ENROLLEE INFORMATION – TO BE COMPLETED BY ENROLLEE	
Group Name: MINISINK VALLEY TA BENEFIT TRUST FUND	
Employer Name: Minisink Valley Central School District	Employer Location: Slate Hill, NY
Enrollee's Name:	Building:
Enrollee's Social Security (last 4 digits) #:	
Dependent's Name:	Birth Date:
Dependent's Social Security (last 4 digits) #:	
Is Dependent Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Dependent Covered Under Any Other Group Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

The following information is to be completed by the Registrar's Office of the college your dependent is attending. Failure to have this form completed will result in a delay of coverage for your dependent.

SCHOOL INFORMATION – TO BE COMPLETED BY SCHOOL REGISTRAR
Name, address and phone number of school dependent is enrolled in:
<p>Is dependent enrolled and attending classes as a full-time student?</p> <p style="text-align: center;">If no, explain:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Dates of : A. Current School Enrollment: From ____/____/____ To ____/____/____</p> <p style="padding-left: 40px;">B. Graduation (expected): _____</p>

Registrar's Stamp

School Contact Person (please print)

Date

Please return this form to:

Your Building Trustee:

Or FAX to:
Minisink Valley Central School
Attn: BTF – Jonathan Clemmons
(845)355-5205

OTIS – Karen Kroglund	IS – Mike Conklin
BO – Kimberly McDermott	MS – Jonathan Clemmons
ES – Kimberly McDermott	HS – Joan Connelly