

# PBA DEPENDENT STUDENT CERTIFICATION FORM

Retiree Health and Welfare Fund of the Patrolmen's Benevolent Association  
of the City of New York

125 Broad Street, 11<sup>th</sup> Floor New York, NY 10004

Phone: (212) 349-7560 Fax: (212) 437-9480

Email: [Benefit\\_Questions@nycpba.org](mailto:Benefit_Questions@nycpba.org)



## Section One

(To Be Completed By Member)

### Member's Information

Tax ID: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Dependent Student's Information

Dependent's Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Name of School: \_\_\_\_\_

I certify that my dependent named above, meets **all three (3) of the requirements for eligibility as a dependent student.**

1. Is unmarried; and
2. Member supplies at least 50% of the student's support and student is an eligible dependent of the member; and
3. Is enrolled as a full-time **undergraduate** student, as determined by the school (usually 12 credits) at an **accredited College or University**, in an Associates or Bachelors degree program in the state in which the school is located.

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

1. Is the student enrolled full time in an Associates or Bachelors degree program (Y/N)? \_\_\_\_\_
2. Is your institution accredited (Y/N)? \_\_\_\_\_
3. Semester Currently Enrolled In (Circle One):    Fall    Spring
4. Anticipated Graduation Date: \_\_\_\_\_
5. Registrar's Telephone number: \_\_\_\_\_
6. Authorized Signature/Title: \_\_\_\_\_

**Affix Institution Seal/Stamp Here**

**Note: In lieu of this form, we will accept your dependent's current Enrollment Verification Certificate from the National Student Clearinghouse <http://www.studentclearinghouse.org>.**