Detectives' Endowment Association Health Benefits
26 Thomas Street NY , NY 10007
Phone: 212-587-9120 Fax: 212-587-9149
Mildredgomez@nycdetectives.org

Dependent Student Verification Form

If you have a Dependent Child who is attending College between the ages of 19 and 23 this form must be completed and sent to the DEA Benefits office.

Fall Coverage (September 1st-February 28th) & Spring Coverage (March 1st-August 31)

Please read dates if your child's 19th Birthday falls in the middle of the DEA designated Semesters form must be completed first for that semester to cover them from their 19th birthday

Child must be a Full Time Student - 12 College Credits or More

Graduate Students must obtain a letter saying they are just Full Time

(If your child is in Technical/Vocational School

Please obtain letter from the school showing course and dates of course)

One Semester Per Form/Class Schedules or Bills Are NOT accepted

TO BE COMPLETED BY MEMBER

Member's Name: _____ **Tax#**_____

DEA ID No.: (located on DENTAL, OPTICAL AND PRESCRIPTION CARDS) _____

Student Name: _____ **Student's Date of Birth** _____

TO BE COMPLETED BY SCHOOL

Name of School:_____

Address: _____

Registrar's/Bursar's Telephone No.: _____

Semester	**Fall** _____	**Spring** _____
Full Time Student	**Yes** _____	**No** _____
Number of Credits	_____	

_____ _____

Registrar's/Bursar's Signature **Date**

School Seal