

**BRONXVILLE PUBLIC SCHOOL EMPLOYEES' BENEFIT TRUST**

**DEPENDENT STUDENT CERTIFICATION**

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH DEPENDENT CHILD (AGES 19-24).  
THIS INFORMATION IS REQUIRED EACH SEMESTER

**MEMBER INFORMATION/TO BE COMPLETED BY MEMBER**

MEMBER NAME: \_\_\_\_\_

MEMBER SS #: \_\_\_\_\_

DEPENDENT'S NAME: \_\_\_\_\_

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**THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE REGISTRAR'S OFFICE OF THE SCHOOL 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS DEPENDENT ENROLLED AND ATTENDING CLASSES AS A FULL-TIME STUDENT?

YES  NO IF NO EXPLAIN:

\_\_\_\_\_

DATES OF: A. CURRENT SCHOOL ENROLLMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

B. GRADUATION (EXPECTED): \_\_\_\_\_

\_\_\_\_\_  
REGISTRAR'S STAMP

\_\_\_\_\_  
SCHOOL CONTACT PERSON

\_\_\_\_\_  
DATE

**PLEASE RETURN THIS FORM TO:**

**PREFERRED GROUP PLANS, INC.**

**P.O. BOX 15136**

**ALBANY, NY 12212-5136**

**TEL. 1-800-573-7474 FAX 518-641-0325**