



DETECTIVES' ENDOWMENT ASSOCIATION, INC.

HEALTH BENEFITS

26 THOMAS STREET, NY, NY 10007

212-587-9120 FAX: 212-587-9149

deabenefits@nycdetectives.org

DEPENDENT STUDENT VERIFICATION

If you have a dependent child that is attending college between the ages of 19 and 23 on a full-time basis (12 credits or more), this form must be completed and sent to the DEA Benefits office *twice* a year. For the Fall Semester (September 1st through February 28th) and for the Spring Semester (March 1st through August 31st).

Faxes will not be accepted

Only one semester per form

TO BE COMPLETED BY MEMBER

Please print

Member's Name _____ Social Security # _____
Student's Name _____ Social Security # _____
Student's Date of Birth _____

**TO BE COMPLETED BY REGISTRAR'S OR BURSAR'S OFFICE WITH
SCHOOL SEAL OR STAMP (Pre-Registration is not accepted)**

Name of School _____
Address _____
Registrar's/Bursar's Telephone Number _____

Semester Fall Spring Year _____
Full-time Student Yes No
Number of credits for current semester _____

Registrar's/Bursar's Signature _____

Date _____

