

## FULL-TIME STUDENT VERIFICATION FORM

EMPLOYER: VESTAL CENTRAL SCHOOL DISTRICT

EMPLOYEE NAME	
EMPLOYEE MEMBER ID #	
DEPENDENT NAME	
DEPENDENT DATE OF BIRTH	
IS DEPENDENT A FULL-TIME STUDENT? *PLEASE ATTACH DOCUMENTATION	

### PLEASE ATTACH PROOF OF FULL-TIME STUDENT STATUS FOR SPRING SEMESTER 2024

(A letter from the educational institution verifying full-time status or a schedule reflecting full-time enrollment are examples of appropriate documentation. Documentation must show the name of the student, the name of educational institution, the number of credit hours and the semester you are submitting for.)

We are required to inform you of the following: "Any person who knowingly and with intent to fraud any health plan or other person files and application for benefits or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent benefit fund act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation."

Employee Signature

Date

**NOTE TO EMPLOYEE:** Please forward this form and appropriate documentation to VCSD PERSONNEL OFFICE.