

**SIEBA, LTD.**

**FULL-TIME STUDENT VERIFICATION FORM**

**EMPLOYER: VESTAL CENTRAL SCHOOL DISTRICT**

<b>EMPLOYEE NAME</b>	
<b>EMPLOYEE SOCIAL SECURITY #</b>	
<b>DEPENDENT NAME</b>	
<b>DEPENDENT SOCIAL SECURITY #</b>	
<b>DEPENDENT DATE OF BIRTH</b>	
<b>IS DEPENDENT A FULL-TIME STUDENT?</b> *PLEASE ATTACH DOCUMENTATION*	

**REQUEST FOR CURRENT SEMESTER ONLY  
PLEASE ATTACH PROOF OF FULL-TIME STUDENT STATUS FOR  
FALL SEMESTER 2021 AND/OR SPRING SEMESTER 2022**

(A letter from the educational institution verifying full-time status or a schedule reflecting full-time enrollment are examples of appropriate documentation. Must show credit hours and semester.)

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 the Personnel Office, for Full-Time Student Status Verification.