

**ASO**

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# PORT CHESTER TEACHERS ASSOCIATION WELFARE TRUST FUND DEPENDENT STUDENT VERIFICATION FORM

PLEASE COMPLETE THIS FORM, ATTACH REQUESTED DOCUMENTATION, SIGN AND RETURN TO ASO VIA MAIL, FAX OR EMAIL (THROUGH OUR WEBSITE AT [www.asonet.com](http://www.asonet.com)) EACH FALL AND SPRING SEMESTER TO ENSURE YOUR DEPENDENT CHILD'S ELIGIBILITY IS UPDATED AND TO AVOID A DELAY IN THE PROCESSING OF THEIR DENTAL AND OPTICAL CLAIMS. THIS FORM REQUIRES THE LAST 4 DIGITS OF THE MEMBER SOCIAL SECURITY NUMBER OR THE ASO MEMBER ID NUMBER. IF THE ASO MEMBER ID IS NOT KNOWN, IT CAN BE OBTAINED AT [www.asonet.com](http://www.asonet.com)

MEMBER NAME	MEMBER LAST 4 DIGITS OF SOC SEC # OR ASO MEMBER ID #
STUDENT NAME:	
SCHOOL NAME	SCHOOL ADDRESS
	TELEPHONE

**I certify that my dependent student listed above meets all of the following criteria for eligibility as a dependent student:**

A	Dependent is between 19 and 23 years of age	<input type="checkbox"/> YES <input type="checkbox"/> NO
B	Unmarried	<input type="checkbox"/> YES <input type="checkbox"/> NO
C	Receives at least half his/her support from me	<input type="checkbox"/> YES <input type="checkbox"/> NO
D	Is a <b>full-time</b> student at an accredited secondary or preparatory school or college or other educational institution	<input type="checkbox"/> YES <input type="checkbox"/> NO
E	Semester <input type="checkbox"/> Fall 20_____ <input type="checkbox"/> Spring 20_____	
F	Full Time <input type="checkbox"/> <b>Undergraduate</b> enrolled for 12 credits or more <input type="checkbox"/> <b>Graduate</b> enrolled for 9 credits or more	

**Attached you will find the following:**

A letter from the school's registrar's office certifying full time student status

I ACKNOWLEDGE THAT IT IS MY RESPONSABILITY TO CONFIRM THAT THE EDUCATIONAL OR TECHNICAL INSTITUTION THAT MY CHILD IS ATTENDING IS ACCREDITED AND RECOGNIZED BY THE DEPARTMENT OF EDUCATION AND EARLY DEVELOPEMENT. TO VERIFY THAT THE INSTITUTION IS ACCREDITED THE FOLLOWING WEB SITE MAY BE CONSULTED [WWW.CHEA.ORG](http://WWW.CHEA.ORG) OR [WWW.OPE.ED.GOV/ACCREDITATION](http://WWW.OPE.ED.GOV/ACCREDITATION).

BY COMPLETING THIS FORM, I ACKNOWLEDGE THAT ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIAL FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERE TO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME PUNISHABLE BY FINE, IMPRISONMENT OR BOTH.

I AGREE TO ADVISE THE PORT CHESTER TEACHERS ASSOCIATION WELFARE TRUST FUND PROMPTLY OF ANY CHANGES IN MY CHILD'S DEPENDENT STUDENT STATUS.

MEMBER'S SIGNATURE: _____	DATE:    /    /
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