



**DETECTIVES' ENDOWMENT ASSOCIATION, INC.**  
**HEALTH BENEFITS**  
**26 THOMAS STREET, NY, NY 10007**  
**Phone 212-587-9120 FAX 212-587-9149**  
[deabenefits@nycdetectives.org](mailto:deabenefits@nycdetectives.org)

**DEPENDENT STUDENT VERIFICATION**

**If you have a dependent child who 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* per 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 or DEA ID #** \_\_\_\_\_  
**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**

