



**CDPHP Member Services Department, Patroon Creek Corporate Center  
1223 Washington Ave., Albany, NY 12206**

## **STUDENT VERIFICATION FORM**

**Please complete and return to the address above or fax to CDPHP member services department at (518) 641-3507.**

Subscriber's Name: \_\_\_\_\_

Subscriber's Social Security Number: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Social Security Number: \_\_\_\_\_

College Year    \_\_\_\_ Freshman            \_\_\_\_ Sophomore            \_\_\_\_ Graduate School  
                          \_\_\_\_ Junior                    \_\_\_\_ Senior                    \_\_\_\_ High School

Attending Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Number of Credit Hours: \_\_\_\_\_

Expected or Actual Graduation Date: \_\_\_\_\_

School Name/Address: \_\_\_\_\_

I certify that the above-named dependent is currently enrolled as a full-time student at the school cited above. I pledge to notify CDPHP when my dependent's full-time status ends.

\_\_\_\_\_  
Subscriber's Signature

\_\_\_\_\_  
Date

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000.00 and the stated value of the claim for each such violation.

If you have questions, please call the CDPHP member services department at the phone number listed on the back of your member ID card.