



**CDPHP Member Services Department
500 Patroon Creek Blvd., 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 Identification No.: _____

Student's Name: _____ Date of Birth ____/____/____

Student's Identification No.: _____

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 front of your member ID card.