

Employee: \_\_\_\_\_  
Dependent: \_\_\_\_\_  
Warwick Valley Central School District

The Preferred Group  
P.O. Box 15136  
Albany, NY 12212-5136

To Whom It May Concern:

Our office requests verification that the above named dependent is enrolled at \_\_\_\_\_ in order to confirm his/her eligibility for benefits. **This verification must**  
(college)  
**be completed by the school registrar, who should affix the school seal to this document or the employee may attach a copy of a bill, showing enrollment of 12 or more credits.**

Current semester credits are \_\_\_\_\_ and anticipated date of graduation is \_\_\_\_\_.

This form must be completed and submitted **EVERY** semester, once the dependent turns 19. If the dependent turns 19 in the middle of the semester, please submit at the beginning of that semester.

To insure proper identification, **please return this request to the address above.** Thank you for your cooperation.

Sincerely,

Chairperson  
Warwick Valley Teachers' Benefit Trust

**Affix the school seal below OR attach a copy of a bill showing 12 or more credits.**