

**AFFIDAVIT
and
Verification of Full-Time Student Enrollment Status**

Please mail to:
Administrative Services Only, Inc.
PO Box 9005
Lynbrook, NY 11563-9010

I, _____, being duly sworn depose and say:
(Member Name)

my dependent child _____ is enrolled as a full-time student for the Fall
(Child Name)

semester at _____.
(Name of Educational Institution)

I make this Affidavit to establish my dependent child's eligibility for dental and vision benefits from the Bethpage Congress of Teachers Benefit Trust for the Fall semester.

Signature of Member

Date:

THIS FORM MUST BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC

State of _____ *County Of* _____

On this _____ day of _____ 20____ personally appeared before me the above named _____, to me known and known to me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

Signature of Notary Public

Official Seal

Expiration Date of Commission _____