

**STATE OF NEW YORK
STUDENT STATUS VERIFICATION FORM**

Complete this form for unmarried dependent students ages 19 through 24 prior to using services under the NYS Vision Plan. The dependent must be considered a full-time student by the school attended. Please return this form to EyeMed Vision Care via U.S. postal mail, e-mail, or fax at least 10 days before services will be requested.

TO BE COMPLETED BY THE ENROLLEE:

Name of Dependent	Dependent Date of Birth
Name and Address of School	
Date Semester Starts	Date Semester Ends
Enrollee Name	EyeMed MVC Number (located on your ID card) or Enrollee SSN

I certify that my dependent, is unmarried, and is enrolled as a full-time student in an accredited secondary or preparatory school or college. I agree to advise EyeMed Vision Care promptly of any changes in my child's dependent student status.

Enrollee's Signature	Date
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Please return completed form to EyeMed Vision Care via one of the following methods:

1. **Mail to:** EyeMed Vision Care
Attn: Membership
4000 Luxottica Place
Mason, OH 45040
2. **Fax to the attention of EyeMed Vision Care -- Membership at 513-492-3605.**
3. **E-mail Address:** Enroll@eyemedvisioncare.com

Any person who knowingly and with the intent to defraud, files an application for insurance or statement of claim containing any materially false information, or conceals for purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act. A fraudulent insurance act is a crime and shall be subject to a civil penalty for each violation not to exceed five thousand dollars and the stated value of the claims.