

DAVISVISION®

SEE LIFE

NEW YORK STATE VISION PLAN STUDENT VERIFICATION FORM

DEPENDENT STUDENT: Is defined as an unmarried child, who is a full-time student, covered through age 24. *A dependent must be considered a full-time student by the school attended.*

Please return this form to Davis Vision, via email, Fax or US postal mail at least 10 days before your doctor appointment for a dependent student age 19 thru 24.

The member ID is necessary for us to process any requests.

I certify that my dependent, _____, _____, _____
Printed Last Name Printed First Name Date Of Birth

Is unmarried, and is enrolled full time in an accredited secondary or preparatory school or college. I agree to advise Davis Vision promptly of any changes in my child's dependent student status.

Name of School: _____ Location: _____

Semester Starts: _____ Semester Ends: _____

_____, _____, _____
Enrollee's Printed Last Name Enrollee's Printed First Name Enrollee's Member ID Number

Enrollee's Signature

Date

The member ID is necessary for us to process any requests.

Please return form to Davis Vision via one of the following methods:

1. Email to: nysvision@davisvision.com
2. FAX to the attention of "NYS Student Proof" at 1-800-292-9687
3. Mail to: Davis Vision
Attn: NYS Student Proof
PO Box 1501
Latham, NY 12110

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