

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.

