



DANIEL H. COOK
ASSOCIATES INC

College Verification

Group Name: Warwick Valley Teachers Benefit Trust

Employee:

Dependent:

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.
(college)

This verification must 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 the semester.

To ensure proper identification, please return this return to Daniel H. Cook via email, fax or mail.

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.



Mail Completed Form To:
Daniel H. Cook Associates, Inc.
1040 Sixth Ave 24th Floor New York, NY
10018



Email Completed Form To:
intake@dhcook.com

Questions? You can call our Customer Service Department at (212) 505 – 5050.