

The Preferred Group
P O Box 15136
Albany, NY 12212-5136
Phone: (866) 989-8997 Fax: (518) 641-0325

CHAPPAQUA CONGRESS OF TEACHERS BF – GROUP # 754

PLEASE RETURN COMPLETED FORM TO THE PREFERRED GROUP AT THE ABOVE ADDRESS
TO BE COMPLETED BY MEMBER FOR DEPENDENT FULL TIME COLLEGE CERTIFICATION

Employee Name: _____

Mailing Address: _____

Employee Soc Sec #: XXX – XX - _____ (last 4 digits)

Contact Phone #: _____ - _____ - _____

Employee E-Mail Address: _____

Dependent Name: _____

Dependent Date of Birth: ____/____/____

Dependent Marital Status (must be completed) Single _____ Married _____

College Attending: _____

Student Enrolled: Full Time _____ Part Time _____ Post Graduate _____

Please indicate school semester and complete the number of credits (12 credit minimum).

Spring _____ Year _____ Credits _____

Fall _____ Year _____ Credits _____

Anticipated date of Graduation: _____

Please note: Dependent Children are covered to the end of the month in which they turn age 19.
Dependent Children who are full time students are covered to the end of the month in which they
graduate or turn age 25, whichever occurs first.

**NOTE: A COPY OF THE PAID TUITION BILL FOR THE RELEVANT SEMESTER MUST BE SUBMITTED
ALONG WITH THIS FORM.**

Members Signature

Date Signed