

**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: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_