

Brown & Brown of New York Inc. dba Fitzharris & Company 333 Earle Ovington Blvd. Suite 215 Uniondale, NY 11553 Phone: (516) 944-2823

To Be Completed by Subscriber for Dependent Certification First Name / Last Name of Student **Students Date of Birth** Dependent Marital Status (must be completed): ☐ Single ☐ Married Attending: Name of College, Accredited Institute or Trade, etc. **Student Enrolled:** □ **Full Time** ☐ Part Time ☐ Post Graduate Please indicate which school semester and complete the number of credits. Must be 12 credits minimum. □ Spring Credits (required) Year □ Fall Credits (required) Year **Anticipated Date of Graduation** Month Year **To Be Completed by Parent:** *Please print your information below.* Subscribing Parent Name: Mailing Address: Subscribing Parent Employer: Subscribing Parent Soc Sec# Last 4 Digits # xxx - xx - _ Contact Phone Number: E-Mail Address: Subscribers Signature (must be signed to validate) **Date Signed**

Please return this form to:

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