Massachusetts Correction Officers
Health and Welfare Fund

Benefit Strategies, LLC
Adminstrator

REQUEST FOR STUDENT VERIFICATION LETTER

Student Name _____

Student ID Number _____

Name of Educational Instituion _____

_____ Full Time _____ Part time _____ Semester

Parent with Coverage: Name _____ SS# _____

Student's Graduation Date _____ : _____ Fall
_____ Winter
_____ Spring
_____ Summer

_____
Signature of School Representative Date

Send Letter to: Diane LeBlanc
MCOFU
PO Box 1300
Manchester, NH 03105

PO Box 1300 Manchester, NH 03105
Tel: (800) 346-4935
Fax: (603) 647-4668
Email: Dleblanc@benstrat.com