

# New York State Teamsters Benefit Funds

PO Box 4928 • Syracuse, New York 13221-4928 • Telephone: 315-455-9790 • Facsimile 315-234-1046 • e-mail: [benefits@nytfund.org](mailto:benefits@nytfund.org)

## Health and Pension Enrollment

### MEMBER INFORMATION SECTION

Member's Last Name		Member's First Name			Middle Initial
Street Address		City	State	Zip Code	Home Telephone Number
		<input type="checkbox"/> Male			
Social Security Number	Date of Birth	<input type="checkbox"/> Female	Employer	Date of Hire	Local Union
Marital Status (Select one):	Single	Married	Divorced	Widowed	Legally Separated
		Date	Date		

### SPOUSE'S INFORMATION SECTION

Spouse's Last Name		Spouse's First Name			Middle Initial
		<input type="checkbox"/> Male			
Date of Birth		<input type="checkbox"/> Female	Social Security Number		
Is Spouse employed?	<input type="checkbox"/> Yes	If Yes			
	<input type="checkbox"/> No				
		Employer Name	Employer Address	Type:	
Is spouse covered for benefits?	<input type="checkbox"/> Yes	If			<input type="checkbox"/> Single
	<input type="checkbox"/> No	Yes:			<input type="checkbox"/> Family
		Type of Benefits Provided (i.e. medical, dental, vision)	Carrier Name		

### CHILDREN'S INFORMATION SECTION

First Name	Last Name	Date of Birth	SS#	Relationship	(For children 19 & older only) School Attending & Graduation Date

### HEALTH FUND PARTICIPANTS WITH LIFE INSURANCE BENEFITS BENEFICIARY DESIGNATION

Full Name of Beneficiary	Address of Beneficiary	Relationship	Percentage
Full Name of Beneficiary	Address of Beneficiary	Relationship	Percentage

If more than one beneficiary is named, the death benefits, unless a different percentage is indicated, will be paid equal shares to the designated beneficiaries who survive the employee. If no beneficiary survives, payment will be made in accordance with the rules adopted by the Trustees. I understand that by my participation in the program of the New York State Teamsters Council Health & Hospital Fund, any death benefits payable under such program shall be payable to the beneficiary above named by me. I further understand that the beneficiary designated may be changed by me at any time by written notification to the Fund.

### PENSION FUND PARTICIPANTS -PLEASE COMPLETE

- 1) Complete only the requested information concerning yourself and your spouse;
- 2) Sign and date the enrollment form
- 3) Complete the Past Employment information below:

Company Name	Date Began	Date Terminated	Local No.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

( SEE REVERSE FOR INSTRUCTIONS)

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## **Enrollment Instructions**

**Complete all the requested information on the reverse side  
In addition, you are required to provide:**

1. Copies of birth certificates or drivers license on yourself and spouse and copies of birth certificates on dependent children showing names of natural parents;
2. If you are married, a copy of your marriage certificate;
3. For any children that may be adopted, a copy of adoption agreement;
4. For any stepchildren that are residing with you, a copy of your spouse's divorce decree, separation agreement or family court order stating custody, insurance responsibility and financial responsibility of non-custodial parent, list of your monthly expenses, copy of last year's Federal Income Tax Return showing claimed dependents and written verification from school showing proof of residence on stepchild;
5. For any grandchildren that are residing with you, a copy of the court decree awarding custody, as well as the grandchild's birth certificate and your last Federal Income Tax Return;
6. For any dependent child 19 years of age up to their 23<sup>rd</sup> birthday that is attending an institution of higher learning, a certificate of enrollment or attendance from that institution showing full time status for the current semester;
7. If spouse is employed, please have the enclosed form completed by their employer.

Return the completed enrollment form, along with the requested information, sign and date bottom of form. If you have any questions concerning your enrollment responsibilities, please contact the Fund Office at (315) 455-9790.

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