



CSEA-EBF ENROLLMENT FORM

See reverse for instructions

<input type="checkbox"/> Member
<input type="checkbox"/> Agency Fee
For Internal use Only

1 EMPLOYEE: _____ **2** _____

LAST NAME FIRST NAME MIDDLE INITIAL EMPLOYEE SOCIAL SECURITY #

3 _____ **4 NEW ADDRESS?** YES NO

HOME ADDRESS CITY/TOWN STATE ZIP

NAME OF EMPLOYER

5 MALE	FEMALE	6 DATE OF BIRTH	MO	DAY	YR	7 DATE OF MARRIAGE	MO	DAY	YR
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8 SPOUSE'S SS# _____ **9** SPOUSE'S EMPLOYER _____

10 ADDRESS OF SPOUSE'S EMPLOYER

HOME ADDRESS CITY/TOWN STATE ZIP

11 IF ENROLLMENT IS FOR DENTAL, IS ANY OTHER COVERAGE AVAILABLE?	YES	NO	12 IF ENROLLMENT IS FOR PRESCRIPTION DRUG, IS ANY OTHER COVERAGE AVAILABLE?	YES	NO
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13 IF QUESTION #11 WAS CHECKED YES, INDICATE NAME OF OTHER PLAN: _____

14 IF QUESTION #12 WAS CHECKED YES, INDICATE NAME OF OTHER PLAN: _____

15 LIST BELOW SPOUSE AND ELIGIBLE DEPENDENTS

LAST NAME	FIRST NAME	CHECK (X) RELATIONSHIP					DATE OF BIRTH			SEX		
		Wife	Husband	Son	Daughter	Other	MO	DAY	YR	M	F	

16 I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: EMPLOYEE'S SIGNATURE _____ DATE: _____

**INSTRUCTIONS FOR COMPLETING
CSEA-EBF ENROLLMENT CARD**

- Complete all applicable items in full.
- Include Apartment Number, if appropriate, and zip code.
- Definition of Dependents:
 - **SPOUSE** provided he or she is not legally separated from you.
 - **Children** who are:
 - Dependent, unmarried and under 19 years old.
 - Legally adopted.
 - Stepchildren who are supported by you who permanently reside with you.*
 - Supported by you or your spouse who permanently reside with you pursuant to a court order awarding legal guardianship, providing that guardianship commenced before the child reached the age of 19.*Incapable of self support, regardless of age, by reason of mental or physical disability and who became so disabled before reaching the age of 19.*
 - **Students** who are:
 - Under 25.
 - Full-time (at least 12 undergraduate credit hours or 6 graduate credit hours).
 - Enrolled in a regionally accredited college or university and working towards a formal college degree such as BA, BS, AAS, etc. Technical courses for short duration, even if a diploma is awarded, do not meet this requirement.
 - Providing the Fund with **CURRENT** proof of student status as **REQUIRED ANNUALLY**. Obtain a letter or statement from the Registrar's Office at the college or have the Fund's Student Status Form completed.*

* **Special form must be submitted. Contact Fund office for forms.**

- **IMPORTANT: EMPLOYEE** must date and sign form.



**P.O. Box 516, Latham, New York 12110-0516
800 323-2732**

MAIL TO:

**CSEA Employee Benefit Fund
P.O. Box 516
Latham, NY 12110-0516**

IMPORTANT - YOU MUST ENROLL TO RECEIVE BENEFITS