Print Form

PLEASE RETAIN TOP PORTION FOR YOUR RECORDS

This enrollment form is for the UUP Benefit Trust Fund. The Fund provides coverage for dental, vision and a tuition scholarship program for UUP members and agency fee payers in the Professional Services Negotiating Unit (PSNU) who are eligible for the New York State Health Insurance Program (NYSHIP) under the UUP/State collective bargaining agreement.
This form must be completed and received in the Fund Office before benefits can be accessed. Completion of this form does not imply eligibility. You may verify eligibility for the UUP Benefit Trust Fund by calling the Fund Office at (800) 887-3863 or checking with your Campus Benefits Office.

Date Signed and Mailed:

✂

Print Form, Complete, Sign and Mail or Fax to:
UUP Benefit Trust Fund, P.O. Box 15143, Albany, N.Y. 12212-5143
Fax (866) 559-0516

Please Print in Ink and Sign

Enrollment Card

UUP Benefit Trust Fund
P.O. Box 15143, Albany, NY 12212-5143
800-887-3863 or 800-UUP-FUND

Name (Last, First, Middle Initial) Social Security Number

Home Address – Number & Street City, State, Zip Code

Work Location (Name of Campus or Institution)

Date of Birth - Home Phone - Work Phone -

Single **Married** **Widowed** **Divorced** **Legally Separated** | **Male** **Female**

List below the name of spouse or domestic partner. Domestic partner information must be provided to your **campus benefits office.** Please list Children/Dependents on the back.

SPOUSE (*Check One*)			(Please list Children/Dependents on the back)		
Husb	Wife	D.Ptnr	Soc. Sec. No.	First Name, MI, Last Name (if different)	Date of Birth

Member's Signature _____ **Date Signed**

Unmarried, dependent children ages 19 to 25 are eligible for benefits only if they are full time students and proof is received in our office. Unmarried children 19 years of age or older who are incapable of self-support because of mental or physical disability are covered provided the disability began before the age of 19. A special form is required for disabled children and is available from the **Benefit Trust Fund Office.**

CHILDREN / DEPENDENTS

Soc. Sec. No.	First Name, MI, Last Name (if different)	Daughter	Son	Date of Birth

NOTE: Members who defraud or attempt to defraud the FUND or who knowingly give false or misleading information are subject to a penalty which may include suspension of eligibility for all FUND benefits. Members are responsible for notifying the FUND Office of any changes in marital and/or dependent status by submitting a Change of Status Card, which is available from the fund office.

UUPBTF – ENR 8/04