CSEA Employee Benefit Fund Enrollment Form



Employee Information (Please Print)

Social Security #			Da	ite of Birth	,	/	_/	
Name (First, Middle Initial, Las	st)				P	Please (🗸) o	one: 🗅 M 🕻	ם F
Street Address				Apt. ;	#			
City			State		Zip _			
Employee's Daytime Phone #		Email						
Name of Employer								
Spouse/Domestic	Partner Information							
Please (🗸) one: 🗆 Spou	ise 🗆 Domestic Partner*	Date of Marriage/_	/_		_ Please (✔) one: 🗅	M 🗅 F	
Name (First, Middle Initial, Las	st)							
Date of Birth /		Social Security #						
Dependent Childre	n Information (For re	lationship, please indicate: Son	, Daughter, S	Step-chile	d or other)			
Last Name	First Name	Date of Birth	/	/	OM	Relationship _		
Last Name	First Name	Date of Birth	/	/	O M O F	Relationship _		
Last Name	First Name	Date of Birth	/	/	OMF	Relationship _		
Last Name	First Name	Date of Birth	/	/	OMF	Relationship _		
If you are enrolling for a CSEA	EBF Dental Plan, please answ	er the following: Do you and/or you	r dependents	have other	dental covera	ge available?	🗆 Yes 🗆	No ב
If yes, please indica	ate: Name of other plan:			Effec	ctive Date:	/	/	
*Important Information	ation concerning de	ependent coverage						
 EBF must receive eligibility your employer. For purp When enrolling dependent student verification for c Disability" form. In certain instances, a content of the eligible to cover a dome 	ility confirmation from The NY poses of IRS reporting, it is ne ent children, it may be necess hildren ages 19 and over, ver opy of a Marriage Certificate e covered both as an employ stic partner. If member and sp	For New York State Employees; bef 'S Department of Civil Service. For cessary that you provide your dom ary for the CSEA EBF to require ar ification of eligibility by "Proof of De may be requested for proof of eligib ee and as a dependent of an emplo pouse/domestic partner are EBF m ase refer to your Summary Plan	Local Govern estic partner's nd/or request a ependency" for bility. bygee. A memb embers, cover	ment emp social sec additional rm, copy c er who ha rage may f	loyees, the con curity number of information wh of Birth Certifica s a spouse elig not be claimed	nfirmation mu on this form. hich may inclu ate and/or "Ce gible for cover l under both p	st come fron de full-time ertification of rage is not lans.	n
I certify that the above info	ormation is correct:							