

United Staff Association Welfare Fund - Change of Status Form

PLEASE PRINT – MUST BE FILLED IN WITH INK

If you were single when you enrolled in the plan but your status changed, due to marriage, domestic partnership and/or additional dependent, you can change from individual dental coverage to dependent coverage with no late enrollment penalties if you do so within 60 days of the change of status. Even if you don't want dependent dental, the Fund will need the names of any new dependents for coverage such as the optical benefit.

1. MEMBER'S FULL NAME _____
(LAST NAME) (FIRST NAME)

2. ADDRESS _____
NO. STREET CITY OR BOROUGH ZIP STATE

3. HOME PHONE _____ 4. WORK PHONE _____ 5. CELL PHONE _____

6. E-MAIL _____ 7. BIRTHDATE ____/____/____ 8. SOC. SEC. NO. ____--____--____

9. CHECK ONE: SINGLE MARRIED (WEDDING DATE _____) WIDOWED DIVORCED LEGALLY SEPARATED

LIST BELOW NAMES OF SPOUSE & UNMARRIED DEP. CHILDREN		CHECK RELATIONSHIP				DATE OF BIRTH		
FULL NAME	Effective Date	SPOUSE	DEPENDENT	M	F	MONTH	DAY	YEAR

If you need more space to list all dependent children, continue on back.

DATE _____ SIGNATURE _____
(DO NOT PRINT)

Complete and mail to:
 United Staff Association Welfare Fund
 c/o Daniel H. Cook Associates, Inc.
 1040 Avenue of the Americas
 Suite 2400
 New York, NY 10018

Please include copies of the following:

- Birth Certificates
- Marriage Certificate
- Domestic Partnership Certificate
- PAID bursar's bill specifying semester/terms for ALL dependents ages 19-23 or Enrollment Verification Certificate
- English translation for all foreign documents submitted