

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.
 253 West 35th Street- 12th Floor
 New York, NY 10001

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

ENROLLMENT FOR DEPENDENTS

You are eligible to elect family dental coverage for your dependents within 60 days of your eligibility for Fund benefits. If you elect family dental coverage, each dependent will be covered beginning the later of these dates;

- 1. The first day of the first month following your appointment by BOCES. However, if your first date of active employment is later than the first day of the first month following your Board appointment, you become eligible for benefits on the first day of the first month following your first day of active employment.
- 2. The date that person becomes a dependent

The cost of family dental coverage is paid by the member. The contribution rate is determined annually by the Trustees.

If you do not elect family dental coverage when you first become a covered member OR within 60 days of a qualifying change in status, your enrollment for family dental coverage will be subject to the following regulations:

- 1. During a two-year period from the first payment date for family dental coverage, benefit payments will be made only for:
 - a. routine oral exam;
 - b. x-rays and prophylaxis (cleaning, scaling and polishing);
- 2. After the two-year payment period has elapsed, covered dependents are eligible for all benefits, provided you continue to remit the payment for family dental coverage.

In general, an individual adding family dental coverage after the initial enrollment period has lapsed or greater than 60 days after a qualifying change in status, must have a payment experience of two years duration before major benefit utilization can occur.

- 3. If you have a qualifying change in status, you are able to elect family dental coverage, without the two-year waiting period for major benefit utilization, if the Fund is notified within 60 days of the change.

Retirees have the option to enroll in family dental coverage. If the retiree did not elect family dental when he/she first became a covered member OR did not continue family dental coverage in retirement OR did not opt for family dental within 60 days of a qualifying change of status, family dental benefits will be subject to the same constraints as an active member, which includes a two-year waiting period for major dental benefit utilization.

Do you wish to enroll in the Family Dental Coverage? Yes No (Please check one)

DATE _____ SIGNATURE _____
(DO NOT PRINT)