



Additional Documentation Checklist

If applicable, please send in copies of the following documentation along with this completed form:

- Social Security Card(s)
- Birth Certificate(s)
- Marriage Certificate or QDRO/Divorce Documents
- Death Certificates
- Proof of Disability for all disabled dependents
- PAID bursar's bill specifying semester/terms for all dependents aged 19-25
- English translation for all foreign documents submitted

Additional Coverage

Do you, or any of your dependents covered, also have coverage through another dental or vision plan? (Please check one) YES NO

If YES, please complete the information in the chart below for each covered individual who is enrolled in the plan:

Other Coverage	Last Name	First Name	Date of Birth	Relationship to Employee

Signature

Member Signature	Date

Member Waiver Statement

I certify that I have been given an opportunity to participate in the Benefits Plan sponsored by the Bronxville Public School Employees' Trust. I understand fully the benefits available to me and I decline to participate in the plans being offered.

Waiver Signature	Date



Mail Completed Form To:
Bronxville School District Office
ATTN: Dawn Mulvey
177 Pondfield Road, Bronxville, NY 10708

Questions? You can call our Customer Service Department at (914) 250 – 0700.