



Group Name: Yonkers CLSA Welfare Fund

All fields are required. Please Print.

[illegible]



DANIEL H. COOK
ASSOCIATES INC

Additional Documentation Checklist

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Social Security Card(s) | <input type="checkbox"/> Death Certificates | <input type="checkbox"/> English translation for all foreign documents submitted |
| <input type="checkbox"/> Birth Certificate(s) | <input type="checkbox"/> Marriage Certificate or QDRO/Divorce Documents | |

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

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Please Return Your Complete Form to:

Yonkers CLSA Welfare Fund
c/o Daniel H. Cook Associates, Inc.
1040 6th Avenue, 24th Floor
New York, NY 10018



OR Email Your Complete Form to:

Eligibility.dept@dhcook.com

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