



Retiree Enrollment Form

PSC-CUNY Welfare Fund

61 Broadway 15th Floor
New York, NY 10006

Member	Social Security Number _____ - _____ - _____	Date of Birth _____ / _____ / 19 _____
	Last Name _____	First Name _____
	Street Address _____	
	City _____	State _____ Zip Code _____
	Marital Status _____ Sex _____	Home Telephone (____) _____
	Date of retirement _____ / _____ / _____	College _____

Spouse or Domestic Partner	<input type="checkbox"/> <i>Check if Domestic Partner</i>	
	Social Security Number _____ - _____ - _____	Date of Birth _____ / _____ / 19 _____
	Last Name _____	First Name _____
	Address if Different _____	Employer _____
	Covered by other NYC Plan _____ Welfare Fund Name _____	Covered by private health plan _____ Name _____

Eligible Children	Name	Date of Birth	Sex	Social Security Number	Status (if F/T student, Disabled, etc.)

Pension System <input type="checkbox"/> TRS <input type="checkbox"/> ERS <input type="checkbox"/> TIAA [/ /] Benefit Start Date	Health Insurance <input type="checkbox"/> GHI-CBP <input type="checkbox"/> HIP <input type="checkbox"/> Other _____ <input type="checkbox"/> Waived <input type="checkbox"/> Deferred Until [/ /]	Medicare Coverage Member <input type="checkbox"/> Part A <input type="checkbox"/> Part B Spouse <input type="checkbox"/> Part A <input type="checkbox"/> Part B <div style="border: 1px solid purple; padding: 5px; margin-top: 5px;"> If Medicare Coverage is indicated for member and/or spouse a photocopy of the Medicare Card(s) <u>must</u> be attached. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Please Notify the Fund Office if member or spouse enrolls in a Medicare Rx Plan (Part D). </div>
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I hereby certify that all of my personal information presented here is true and accurate.

_____ Retired Member _____ Date

I hereby certify to the best of my knowledge that the information presented here is accurate and complete and sufficient to verify eligibility for benefits under the PSC-CUNY Welfare Fund.

_____ Benefits Officer _____ College _____ Date