



# 2018 Open Enrollment Form

**PSC-CUNY Welfare Fund**  
61 Broadway, 15th Floor  
New York, NY 10006  
Office: 212-354-5230 Fax: 212-354-5363  
Website: [www.psccunywf.org](http://www.psccunywf.org)

Required

A copy of your NYC Health Benefits Application is required and/or WF Domestic Partner form if Applicable.  
Dependent information will be obtained from your NYC Health Application unless you indicate otherwise.

Member

NYSUT ID: \_\_\_\_\_ NYS ID (State Colleges): \_\_\_\_\_  
Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Marital Status: ☐ S ☐ M ☐ DP Gender: ☐ F ☐ M  
Primary Telephone: (\_\_\_\_) \_\_\_\_\_ Primary Email: \_\_\_\_\_

Dental

For more information visit: [www.psccunywf.org](http://www.psccunywf.org)

Guardian PPO ☐

DeltaCare USA HMO ☐ \*Delta will assign you a Dentist. To change it, call Delta or go Online.

Health Plan

Basic Rider Waived Stipend

☐ ☐ ☐ ☐

Member

I hereby certify that all of my personal information presented here is true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

College

CUNY Campus \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Effective Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title and Code \_\_\_\_\_

Earliest CUNY Hire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If Classified Managerial check here ☐

Previous College (if applicable) \_\_\_\_\_

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

Benefits Officer \_\_\_\_\_ Date \_\_\_\_\_

[PSC-CUNY Welfare Fund Use Only]

[Alpha]

Date Received

Authorization

Initials

Date