

GREENBURGH FEDERATION OF TEACHERS WELFARE FUND

SOCIAL SECURITY NUMBER ____-____-____	DATE HIRED __/__/____	TELEPHONE NUMBER (____) ____-____
LAST NAME	FIRST NAME	MI BIRTH DATE
ADDRESS	APT NO.	CITY STATE ZIP

SPOUSE INFORMATION – PLEASE ATTACH A COPY OF YOUR MARRIAGE CERTIFICATE

FIRST NAME	LAST NAME	MI	BIRTH DATE	SOCIAL SECURITY NO.
EMPLOYER NAME			PHONE NO.	
EMPLOYER ADDRESS		CITY	STATE	ZIP

DOES YOUR SPOUSE HAVE OTHER COVERAGE? IF YES, NAME OF INSURANCE COMPANY

(A) DENTAL BENEFIT PROGRAM? YES NO

(B) OPTICAL BENEFIT PROGRAM? YES NO

DEPENDENT INFORMATION – COPIES OF BIRTH CERTIFICATES. ADOPTION CERTIFICATES, OR PROOF OF LEGAL GUARDIANSHIP MUST BE ATTACHED. IF CHILD IS BETWEEN 19 AND 23 YEARS OF AGE AND IS A FULL-TIME STUDENT, STUDENT VERIFICATION MUST ALSO BE ATTACHED.

NAME	DATE OF BIRTH	SOC. SEC. NO.	FULL-TIME STUDENT	IF YES, SCHOOL NAME
	__/__/____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	__/__/____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	__/__/____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	__/__/____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	__/__/____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	__/__/____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	__/__/____		<input type="checkbox"/> YES <input type="checkbox"/> NO	

I HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED ABOVE IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A DENIAL OR SUSPENSION OF BENEFITS. IN ADDITION, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR FUND, FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURNACE ACT, WHICH IS A CRIME.

MEMBER'S SIGNATURE: _____ **DATE:** __/__/____

FOR OFFICE USE ONLY	MEMBER STATUS: ACTIVE ___ RETIREE ___ COBRA ___ TEACHER ___ T A ___ ADMIN. ___
VERIFICATION SIGNATURE: _____	DATE: __/__/____ EFFECTIVE DATE: __/__/____
<input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> CHANGE	BUILDING: _____

