CSEA Employee Benefit Fund Enrollment Form

CSEA AFSCME Local 1000, AFL-CIO EMPLOYEE BENEFIT FUND
PO Box 516
Latham, NY 12110
(800) 323-2732
www.cseaebf.com

Employee Information

Social Security # _____ Date of Birth ____ /____ / _____

Name (First, Middle Initial, Last) _____ ❑ M ❑ F (√)

Street Address _____ Apt.# _____

City _____ State _____ Zip Code _____

Employee's Daytime Phone # _____ E-mail _____

Spouse/Domestic Partner Information

Please (√) one: ____Spouse _____Domestic Partner* Date of Marriage ____ /____ / _____ ❑ M ❑ F (√)

Name (First, Middle Initial, Last) _____

Date of Birth ____ /____ / _____ Social Security # _____

Dependent Children* (For relationship, please indicate: Son, Daughter, Step-child or other)

Last Name _____ First Name _____ Date of Birth ____ /____ / _____ ❑ M ❑ F Relationship _____

Last Name _____ First Name _____ Date of Birth ____ /____ / _____ ❑ M ❑ F Relationship _____

Last Name _____ First Name _____ Date of Birth ____ /____ / _____ ❑ M ❑ F Relationship _____

Last Name _____ First Name _____ Date of Birth ____ /____ / _____ ❑ M ❑ F Relationship _____

Last Name _____ First Name _____ Date of Birth ____ /____ / _____ ❑ M ❑ F Relationship _____

If you are enrolling for a CSEA EBF Dental Plan, please answer the following:

Do you and/or your dependents have other dental coverage available? ____Yes ____No

If yes, please indicate: Name of other plan: _____ Effective Date: ____ /____ / _____

*Important Information concerning dependent coverage

- Not all employers allow domestic partner coverage. Before enrollment of a domestic partner can be completed, the CSEA EBF must receive eligibility confirmation from The NYS Department of Civil Service. For local government employees, the confirmation must come from your employer. For purposes of IRS reporting, it is necessary that you provide your domestic partner's social security number on this form.
- When enrolling dependent children, it may be necessary for the CSEA EBF to require and/or request additional information which may include full-time student verification for children ages 19 and over, verification of eligibility by "Proof of Dependency" form, copy of Birth Certificate and/or "Certification of Disability" form.
- In certain instances, a copy of a Marriage Certificate may be requested for proof of eligibility.

For a detailed outline of eligibility rules, please refer to your Summary Plan Description or visit our website at www.cseaebf.com.

I certify that the above information is correct:

Employee Signature _____ Date _____