



Adjunct Enrollment Form

PSC-CUNY Welfare Fund
 P.O. Box 280278
 Brooklyn, NY 11228
 Office: 212-354-5230 www.pscunywf.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: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> DP | Gender: <input type="checkbox"/> F <input type="checkbox"/> M |
| | Primary Telephone: () _____ | Primary Email: _____ |

| | | | |
|---------------|---|--------------------|---|
| Dental | For more information visit: www.pscunywf.org Guardian <input type="checkbox"/> | Health Plan | <u>Basic</u> <u>Rider</u> <u>Waived</u> <u>Stipend</u> |
| | DeltaCare USA <input type="checkbox"/> *Delta will assign you a Dentist. To change it, call Delta or go Online. | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

| | | |
|---------------|---|------|
| Member | I hereby certify that all of my personal information presented here is true and accurate. | |
| | Signature | Date |

| | | | |
|--------------------------|---|-----------------------------------|---------------------|
| College | 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. | | |
| | | Effective Date of Coverage: _____ | _____ / ____ / ____ |
| | | Effective Date of Hire: _____ | _____ / ____ / ____ |
| | | Earliest CUNY Hire Date: _____ | _____ / ____ / ____ |
| | HR Signature - College 1 | Print Name | Date |
| HR Signature - College 2 | Print Name | Date | |

| | |
|----------------------------------|---------------|
| [PSC-CUNY Welfare Fund Use Only] | [Alpha] |
| Date Received | Authorization |
| _____ | _____ |
| _____ | Initials |
| _____ | Date |