



CSEA-EBF ENROLLMENT FORM
See reverse for instructions

1 EMPLOYEE: **2** | | | | | | | | | | | | | | | | | |

LAST NAME FIRST NAME MIDDLE INITIAL EMPLOYEE SOCIAL SECURITY #

3 **4** NEW ADDRESS? YES NO

HOME ADDRESS CITY/TOWN STATE ZIP

5 MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>	6 DATE OF BIRTH	MO	DAY	YR	7 DATE OF MARRIAGE/PARTNERSHIP	MO	DAY	YR
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8 SPOUSE'S/PARTNER'S SS#	9 SPOUSE'S/PARTNER'S EMPLOYER
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10 ADDRESS OF SPOUSE'S/PARTNER'S EMPLOYER:

STREET CITY/TOWN STATE ZIP

11 IF ENROLLMENT IS FOR DENTAL, IS ANY OTHER COVERAGE AVAILABLE?	YES	NO	12 IF ENROLLMENT IS FOR PRESCRIPTION DRUG, IS ANY OTHER COVERAGE AVAILABLE?	YES	NO
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13 IF QUESTION #11 WAS CHECKED YES, INDICATE NAME OF OTHER PLAN:	14 IF QUESTION #12 WAS CHECKED YES, INDICATE NAME OF OTHER PLAN:
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15 LIST BELOW SPOUSE/DOMESTIC PARTNER AND ELIGIBLE DEPENDENTS

LAST NAME	FIRST NAME	CHECK (X) RELATIONSHIP						DATE OF BIRTH			SEX		
		Wife	Husband	Domestic Partner	Son	Daughter	Other	MO	DAY	YR	M	F	

16 I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: EMPLOYEE'S SIGNATURE DATE:

**INSTRUCTIONS FOR COMPLETING
CSEA-EBF ENROLLMENT CARD**

- Complete all applicable items in full.
- Include Apartment Number, if appropriate, and zip code.
- Definition of Dependents:
 - **SPOUSE** provided he or she is not legally separated from you.
 - **DOMESTIC PARTNER**
 - **CHILDREN** who are:
 - Dependent, unmarried and under 19 years old.
 - Legally adopted.
 - Stepchildren and children of Domestic Partners and are supported by you who permanently reside with you.*
 - Supported by you or your spouse who permanently reside with you pursuant to a court order awarding legal guardianship,, providing that guardianship commenced before the child reached age 19.*
 - **STUDENTS** who are:
 - Under 25.
 - Full-time (at least 12 undergraduate credit hours or 6 graduate credit hours).
 - Enrolled in a regionally accredited college or university and working towards a formal college degree such as BA, BS, AAS, etc. Technical courses for short duration, even if diploma is awarded, do not meet this requirement.
 - Providing the Fund with **CURRENT** proof of student status as **REQUIRED ANNUALLY**. Obtain a letter or statement from the Registrar's Office at the college or have the Fund's Student Status Form completed.*

* Special form must be submitted. Contact Fund office for forms.

- **IMPORTANT:** EMPLOYEE must date and sign form.



P.O. Box 516, Latham, New York 12110-0516
800 323-2732

MAIL TO:

**CSEA Employee Benefit Fund
P.O. Box 516
Latham, NY 12110-0516**

IMPORTANT - YOU MUST ENROLL TO RECEIVE BENEFITS