

VALLEY STREAM TEACHERS' ASSOCIATION WELFARE FUND

J.J. Stanis & Co. Enrollment and/or Change Form

1. Employee Information (Please PRINT)

Employee (Last, First, M.I.): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) - ____ - _____ Sex: Male Female

Soc. Sec. #: ____ - ____ - _____ Birthdate (MM/DD/YYYY): ____/____/____

Personal (NOT School) Email Address: _____

2. Select Employer

- High School District
- U.F.S.D. #13
- U.F.S.D. #24
- U.F.S.D. #30

4. Medical Insurance

- NYS Empire - Family
- NYS Empire - Individual
- NYS Empire - From Spouse
- None or Other

5. Type of Coverage

- Individual Coverage
- Family Coverage

3. Select Enrollment Option

- New Enrollment

Hiring Date (MM/DD/YYYY): ____/____/____

Job Title: _____

- Enrollment Adjustment

Effective Date (MM/DD/YYYY): ____/____/____

Hiring Date (MM/DD/YYYY): ____/____/____

Reason for Adjustment: Change of Name from: _____

- Change to Individual Coverage
- Change to Family Coverage
- Update Dependents
- Update Beneficiaries
- Modify Medical Insurance
- Update Address
- Other: _____

6. Dependent Coverage (Enter ALL dependents regardless of whether this is a new enrollment or adjustment)

Spouse (Last, First, M.I.): _____

Male Female

Date of Birth (MM/DD/YYYY): ____/____/____

1) Child (Last, First, M.I.): _____

Male Female

F/T Student Yes No

DOB (MM/DD/YYYY): ____/____/____

2) Child (Last, First, M.I.): _____

Male Female

F/T Student Yes No

DOB (MM/DD/YYYY): ____/____/____

3) Child (Last, First, M.I.): _____

Male Female

F/T Student Yes No

DOB (MM/DD/YYYY): ____/____/____

4) Child (Last, First, M.I.): _____

Male Female

F/T Student Yes No

DOB (MM/DD/YYYY): ____/____/____

Please use other side for additional dependents

7. For NYS Empire (NYSHIP) participants only. List your beneficiary below:

Primary (Last, First, M.I.): _____

Relationship _____ Address _____

Contingent (Last, First, M.I.): _____

Relationship _____ Address _____

8. The information above is true and complete to the best of my knowledge and belief.

Signature: _____ Date: _____