

## United Staff Association Welfare Fund - Change of Status Form

PLEASE PRINT – MUST BE FILLED IN WITH INK

If you were single when you enrolled in the plan but your status changed, due to marriage, domestic partnership and/or additional dependent, you can change from individual dental coverage to dependent coverage with no late enrollment penalties if you do so within 60 days of the change of status. Even if you don't want dependent dental, the Fund will need the names of any new dependents for coverage such as the optical benefit.

1. MEMBER'S FULL NAME \_\_\_\_\_  
(LAST NAME) (FIRST NAME)

2. ADDRESS \_\_\_\_\_  
NO. STREET CITY OR BOROUGH ZIP STATE

3. HOME PHONE \_\_\_\_\_ 4. WORK PHONE \_\_\_\_\_ 5. CELL PHONE \_\_\_\_\_

6. E-MAIL \_\_\_\_\_ 7. BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ 8. SOC. SEC. NO. \_\_\_\_--\_\_\_\_--\_\_\_\_

9. CHECK ONE:  SINGLE  MARRIED (WEDDING DATE \_\_\_\_\_)  WIDOWED  DIVORCED  LEGALLY SEPARATED

LIST BELOW NAMES OF SPOUSE & UNMARRIED DEP. CHILDREN		CHECK RELATIONSHIP				DATE OF BIRTH		
FULL NAME	Effective Date	SPOUSE	DEPENDENT	M	F	MONTH	DAY	YEAR

If you need more space to list all dependent children, continue on back.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(DO NOT PRINT)

Complete and mail to:  
 United Staff Association Welfare Fund  
 c/o Daniel H. Cook Associates, Inc.  
 253 West 35<sup>th</sup> Street- 12<sup>th</sup> Floor  
 New York, NY 10001

**Please include copies of the following:**

- Birth Certificates
- Marriage Certificate
- Domestic Partnership Certificate
- PAID bursar's bill specifying semester/terms for ALL dependents ages 19-23 or Enrollment Verification Certificate
- English translation for all foreign documents submitted