



STATE OF NEW YORK UNIFIED COURT SYSTEM
SUPPLEMENTAL BENEFITS PLAN
ENROLLMENT APPLICATION/CHANGE FORM

REASON(S) FOR SUBMISSION (check one or more boxes):

- | | | |
|---|---|--|
| <input type="checkbox"/> NEW ENROLLMENT | <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> CHANGE OF: Circle one
ADDRESS/NAME |
| <input type="checkbox"/> TRANSFER FROM/TO ANOTHER
AGENCY | <input type="checkbox"/> TERMINATION
DATE: _____ | <input type="checkbox"/> CHANGE TO: Circle one
FAMILY/ INDIVIDUAL |
| <input type="checkbox"/> LEAVE WITHOUT PAY | <input type="checkbox"/> RETIREMENT
DATE: _____ | <input type="checkbox"/> DEPENDENT: Circle one
ADD/REMOVE |

1. MEMBER INFORMATION:

LAST NAME	FIRST	MI.	SEX	SSN
STREET ADDRESS:		CITY:	STATE:	ZIP:
DOB:			TELEPHONE: ()	

2. ENROLLMENT REQUEST:

Non-Contributory Life Beneficiary Form: (Check One)	<input type="checkbox"/> Attached	<input type="checkbox"/> Not available	
<input type="checkbox"/> Dental & Vision	<input type="checkbox"/> Dental Only	<input type="checkbox"/> Vision Only	<input type="checkbox"/> Waive Benefits

3. ENROLLMENT INFORMATION:

Select coverage (check one):	<input type="checkbox"/> Individual	<input type="checkbox"/> Family
------------------------------	-------------------------------------	---------------------------------

4. ELIGIBLE DEPENDENTS Check One: A (ADD) D (DELETE)

DATE OF EVENT: _____

<input type="checkbox"/> A <input type="checkbox"/> D	NAME	DATE OF BIRTH	RELATIONSHIP	SS#	SEX
<input type="checkbox"/> A <input type="checkbox"/> D					
<input type="checkbox"/> A <input type="checkbox"/> D					
<input type="checkbox"/> A <input type="checkbox"/> D					
<input type="checkbox"/> A <input type="checkbox"/> D					
<input type="checkbox"/> A <input type="checkbox"/> D					
<input type="checkbox"/> A <input type="checkbox"/> D					
<input type="checkbox"/> A <input type="checkbox"/> D					

5. SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY:

AGENCY CODE NO.	HIRE/TRANSFER DATE:	EMPLOYEE'S POSITION:	N.U.
SIGNATURE OF AGENCY REPRESENTATIVE:		DATE:	