Blue Collar
Sunrise Dental

Office use only: _____

CSEA EBF ENROLLMENT FORM

Employee:
SS# _____/_____/_____
Last Name: _____
First Name: _____ Middle Initial: ____
Date of Birth: _____/_____/_____ Male ☐ Female ☐
Home Address: Number and Street: _____ Apt# _____
City: _____ State _____ Zip Code _____
Employee's Daytime Phone Number ( ) _____--_____
Employee's Home E-mail Address _____

Dependent Information: Spouse ☐ Domestic Partner* ☐ *(please check one)*
Last Name: _____ First Name: _____
Date of Birth: _____/_____/_____ Male ☐ Female ☐
SS# _____/_____/_____ Date of Marriage: _____/_____/_____
Dependent Children*: (*For Relationship, please indicate Son, Daughter, Step-child or Other*)

Last Name	First Name	Date of Birth	Gender M/F	Relationship
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

If you are enrolling for a CSEA-EBF Dental plan, please answer the following:
Do you and/or your dependents have other coverage available? Yes ☐ No ☐
If yes, please indicate: Name of other plan _____
Effective date of other plan ____/____/____

I certify that the above information is correct:
Employee Signature: _____ **Date:** ____/____/___

***Important information concerning dependent coverage:**

- Not all employers allow domestic partner coverage. Before enrollment of a domestic partner can be completed, the CSEA-EBF must receive eligibility confirmation from the NYS Department of Civil Service. For Local Government employees, the confirmation must come from your employer. For purposes of IRS reporting, it is necessary that you provide your domestic partner's social security number on this form.
- When enrolling dependent children, it may be necessary for the CSEA EBF to require and/or request additional information which *may* include full-time student verification for children age 19 and over, verification of eligibility by a proof of dependency form, copy of birth certificate, and/or certification of disability form.
- In certain instances, a copy of a marriage certificate may be requested as proof of eligibility.

For a detailed outline of eligibility rules, please refer to your Summary Plan Description or visit our website.

CSEA-EBF
PO Box 516
Latham, NY 12110-0516
www.cseaebf.com
1-800-323-2732

Important information regarding the enrollment form

For new employees, before an enrollment form can be processed, it is necessary for the CSEA Employee Benefit Fund to receive a confirmation of eligibility from your employer.

While many employers allow coverage for dependents ***automatically,*** there are some that participate in an:

- ***Employee only coverage-*** This coverage does not allow enrollment of dependents.

  - Or-

- ***Individual or Family coverage-*** With this coverage type, the CSEA-EBF must receive confirmation from the employer as to which option you have chosen.

Additional forms may be needed when adding dependents. The following forms are available in our "Download Forms" section of our website to complete and return with your enrollment form:

- **"Proof of Dependency"**

  This form is needed when enrolling step-children, grandchildren or a child that you have legal custody or guardianship of.

  In some cases, additional proof of eligibility may be requested.

- **"Student Proof"**

  This form is required when enrolling a dependent child who is age 19 or over.

If you have additional questions regarding eligibility or enrollment, please refer to your Summary Plan Description or contact our General Member Services Department at 1-800-323-2732.