CSEA Employee Benefit Fund Enrollment Form

Please indicate the plan(s) and coverage you are electing:

DENTAL *Please ✓* ☐

VISION *Please ✓* ☐

White Collar, Management and Confidential
Dental Insurance/Vision Insurance
Enrollment Form

Employee Information

Social Security # _____ Date of Birth ___/___/____

Name (First, Middle Initial, Last) _____ ☐M ☐F (✓)

Street Address _____ Apt.# _____ Zip

City _____ State _____ Code _____

Employee's Daytime Phone # _____ E-mail _____

Spouse/Domestic Partner Information

Please (✓) one: ☐ Spouse ☐ Domestic Partner* Date of Marriage ___/___/____ ☐M ☐F (✓)

Name (First, Middle Initial, Last) _____

Date of Birth ___/___/____ Social Security # _____

Dependent Children* (For relationship, please indicate: Son, Daughter, Step-child or other)

Last Name _____ First Name _____ Date of Birth ___/___/____ ☐M ☐F Relationship _____

Last Name _____ First Name _____ Date of Birth ___/___/____ ☐M ☐F Relationship _____

Last Name _____ First Name _____ Date of Birth ___/___/____ ☐M ☐F Relationship _____

Last Name _____ First Name _____ Date of Birth ___/___/____ ☐M ☐F Relationship _____

Last Name _____ First Name _____ Date of Birth ___/___/____ ☐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 dental coverage available? ☐Yes ☐No

If yes, please indicate: Name of other plan: _____ Effective 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 ages 19 and over, verification of eligibility by "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 for proof of eligibility.

or a detailed outline of eligibility rules, please refer to your Summary Plan Description or visit our website at www.cseaebf.com.

certify that the above information is correct:

nployee Signature _____ Date _____