

NEW PALTZ UNITED TEACHERS BENEFIT TRUST FUND

Active Member Address Change/Vision

Enrollment/Deletion Form



**Jon Stern and Ron Simon
Administrators**

___ *Address Change ___ *^Vision Change Add ___ Delete ___

*Name: _____ Building (s): _____ Gender _____

*Address: _____ *City: _____ *State: _____ *Zip: _____

Personal Email: _____ Telephone: () _____ Cell phone: () _____

Date of Birth: _____ *^Social Security No.: _____ Marital Status: _____

Spouse () or Domestic Partner () Name: _____ Gender ___ Date of Birth: _____

Name , gender and date of birth of dependent children:

_____ gender ___ (/ /) _____ gender ___ (/ /)
_____ gender ___ (/ /) _____ gender ___ (/ /)
_____ gender ___ (/ /) _____ gender ___ (/ /)

Signature _____ Effective Date _____