

NEW PALTZ UNITED TEACHERS BENEFIT TRUST FUND



Part-Time NPUT Enrollment Form (to be completed by those less than 0.5)

**Jon Stern and Ron Simon
Administrators**

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: _____ Date of Birth: _____

Name / Date of birth of dependent children:

_____ (/ /) _____ (/ /)

_____ (/ /) _____ (/ /)

Employment Status: _____ Date of hire/employed: ____/____/____ Annual Salary: _____

You will automatically be enrolled in the following plans that are fully funded by the New Paltz School District.

NYSUT – DAVIS VISION PLAN: NPUT Trust fund pays for the member and family. If there are dependents, they MUST be identified above. (dependent children up to age 26 are covered)

LEGAL PLAN: NYSUT pre-paid legal plan covers all eligible dependents.

UNUM TERM LIFE/ AD&D INSURANCE: (Member only) **\$200,000 basic life – Please fill out a separate beneficiary form.**

UNUM LONG TERM DISABILITY PLAN: (Member only)

STACEY BRAUN FINANCIAL SERVICES: Call - (888) 949-1925 to make an appointment.

***The following plans are also available, but some of the insurance premium is paid through payroll deductions.**

UNUM LONG TERM CARE INSURANCE: (available to member if employed more than 17 hours per week)

Trust Fund pays for plan 1 - \$3500/month for 2 years. Premium based on age at enrollment.

NPUT TRUST FUND DENTAL PLAN (available to member and family) Please *complete enrollment/payroll deduction form to add dependents.* Dependent children can be covered to age 26.

I _____ (print name) hereby certify I received the Privacy Notice (in portfolio/or on the website) issued by the New Paltz United Teachers Benefit Trust Fund containing the privacy and protected health information as mandated by the Health Insurance Portability and Accountability Act of 1996. (HIPAA)

* Contact the Trust Administrator, Jon Stern at jsstern@nputbenefittrust.org, 845-750-8841 for enrollment information and costs.

Signature for plans: _____ Date _____