



Jon Stern and Ron Simon  
Administrators

**NEW PALTZ UNITED TEACHERS BENEFIT TRUST FUND**  
**Active Member Dental Buy-up/Change and Payroll**  
**Deduction Form**

Name: \_\_\_\_\_ Gender \_\_\_\_\_ Building (s): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Personal Email: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**NPUT TRUST FUND DENTAL PLAN:** Dependent children can be covered to age 26.

Dependent change, list below \_\_\_\_\_ add dependent(s) \_\_\_\_\_ delete dependent(s)

Do you or your dependents have other dental coverage? \_\_\_\_\_ yes Carrier name and group number \_\_\_\_\_

	Last/First Name	Gender	Date of birth
Spouse			
Child(ren)			

I hereby authorize the NPUT Benefit Trust Fund to arrange, on my behalf, payroll deductions with the New Paltz Central School District in order to deduct from my salary and transmit to the NPUT Benefit Trust Fund a sum as indicated to provide coverage from the date indicated through August 31 or last month worked.

\_\_\_\_\_

**NPUT TRUST FUND DENTAL PLAN.**

**Dental Plan Premiums 2024 2025 ( rates are \$150 less than last year)**

\_\_\_\_\_ **Employee and Single Dependent – \$21.82 per month – deducted evenly over the remaining payrolls.**

(Annual Cost to member \$261.80 pro-rated)

\_\_\_\_\_ **Employee and Multiple Dependents – \$62.54 per month – deducted evenly over the remaining payrolls.**

(Annual Cost to Member \$750.44 pro-rated)

Effective Date: \_\_\_\_\_

Signature: \_\_\_\_\_