

NEW PALTZ UNITED TEACHERS BENEFIT TRUST FUND



Active Member Enrollment Form

**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: _____ gender _____ Date of Birth: _____

Name / Date of birth of dependent children:
_____ gender ____ (/ /) _____ gender ____ (/ /)
_____ gender ____ (/ /) _____ gender ____ (/ /)

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

– **NPUT Teacher:** Full time ____ Part-time ____ Teaching Assistant ____ Long Term Substitute ____

Administrator (Building Unit) ____ **Secretarial & Clerical** (Building) Unit ____ **Bus Driver Unit** ____

****Bus Attendants Unit** ____ ****Facilities and Operations** ____ **Educational Support Staff** ____

Managerial and Confidential: Superintendent ____ Director ____ Administrator ____ Secretary/Clerk/Typists ____

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

****Please note: Payroll deductions will be taken from Bus Aides and F&O members to cover the contribution gap. ****

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

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)

UNUM SHORT TERM DISABILITY PLAN: (Member only) Non NPUT -70% annual salary /maximum benefit \$2000 week. **(All but NPUT)**

UNUM LONG TERM CARE INSURANCE: **(NPUT, Administration and Managerial/Confidential ONLY)** (Member only)

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

STACEY BRAUN FINANCIAL SERVICES: Call - (888) 9949-1925 to make an appointment.

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)

**** 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 to provide coverage from the date indicated through August 31st. signed: _____ (Bus attendants & F&O only)**

Signature for plans: _____ Date _____