

NEW PALTZ UNITED TEACHERS BENEFIT TRUST FUND

Active Member Address Change

****** USED ONLY FOR CHANGES ******



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 _____