

NEW PALTZ UNITED TEACHERS BENEFIT TRUST FUND
Active Member Catastrophic/Life/Long Term Care Buy Up and
Payroll Deduction Form.



Ron Simon and Jon Stern
 Administrators

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

NYSUT CATASTROPHE INSURANCE PLAN: Addition of dependent(s) MUST be made within 60 days of a life event (marriage, birth, adoption, placement for adoption)

Please list any family members you wish to enroll:

	Last/First Name	Date of birth	Date of Marriage/ Life Event
Spouse			*
Child(ren)		##	
**Domestic Partner			

*Please attach a copy of the Marriage Certificate ## Please attach a copy of the Birth/Adoption Certificate

** Signed Domestic Partner Affidavit and proof of eligibility is required. Contact trust for details.

Do you, and all those for whom coverage is proposed, have a basic medical policy?

If YES, name of the insurance carrier: _____

➔ If NO, you do NOT qualify for the coverage.

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 31st or last month worked.

NYSUT CATASTROPHE INSURANCE PLAN: Addition of dependent(s) MUST be made within 60 days of a life event (marriage, birth, adoption, placement for adoption) Please circle choice below.

	Cost to member	Under 40 Age	40 – 49	50 – 59	60 – 64	65 - 69	70 - 74	75 - 79	80 & over
Member and Spouse	Monthly	2.00	4.00	6.50	9.87	10.97	12.12	13.67	15.17
	Annual	24.00	48.00	78.00	118.44	131.64	145.44	164.04	182.04
Member and Child(ren)	Monthly	2.39	2.39	2.39	2.39	2.39	2.39	2.39	2.39
	Annual	28.68	28.68	28.68	28.68	28.68	28.68	28.68	28.68
Family	Monthly	4.39	6.39	8.89	12.26	13.36	14.21	16.14	17.56
	Annual	52.68	76.68	106.68	147.12	160.32	170.52	193.72	210.72

Annual Cost \$ _____

Payroll deductions will be evenly distributed over remaining payrolls.

Effective Date: _____

Signature: _____

UNUM TERM LIFE/ AD&D INSURANCE: Please contact plan administrator for more information.

Supplemental Insurance at age banded rates

Age	Monthly rate	Annual rate per \$50,000
>25	0.05	\$30.00
25-29	0.03	\$18.00
30-34	0.05	\$30.00
35-39	0.08	\$48.00
40-44	0.12	\$72.00
45-49	0.19	\$114.00
50-54	0.34	\$204.00
55-59	0.56	\$336.00
60-64	0.70	\$420.00
65-69	1.22	\$732.00
70+	3.25	\$1950.00

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Amount of additional term life \$50,000 \$100,000 \$150,000 \$200,000 Age _____

Annual cost \$ _____ Payroll deductions will be evenly distributed over the remaining payrolls.

Signature _____ Effective Date _____

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

Trust Fund pays for plan 1 - \$3500/month for 2 years. Premium locked in at age of enrollment.

Additional Long-Term Care Insurance is available. All rates are age based.

Please contact plan administrator for more information.

Plan 2	Plan 3	Plan 4
Long Term Care Facility 100% Professional Home & Community Care 3 Year SBP	Long Term Care Facility 100% Professional Home and Community Care Simple Inflation	Long Term Care Facility 100% Professional Home and Community Care Simple Inflation 3 year SBP

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Cost as per administrator \$ _____ Payroll deductions will be evenly distributed over remaining payrolls.

Signature _____ Effective Date _____