



# Retiree Enrollment Form

**PSC-CUNY Welfare Fund**  
 P.O. Box 280278  
 Brooklyn, NY 11228  
 Office: 212-354-5230 [www.pscunywf.org](http://www.pscunywf.org)

**Required** A copy of your NYC Health Benefits Application is required. WF Domestic Partner form if Applicable.  
 If Medicare Eligible, include a copy of your Medicare Card for you and/or your dependent.  
 If Member/Dependent is eligible for PSC-CUNY WF Med D Plan, include CVS SilverScripts Enrollment Forms.

**Member**

Retirement Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Pension  TRS  ERS  TIAA

Social Security: \_\_\_\_\_ Medicare ID # \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Marital Status:  S  M  DP Gender:  F  M

Primary Telephone: (\_\_\_\_) \_\_\_\_\_ Primary Email: \_\_\_\_\_

**Spouse Domestic Partner**

Social Security: \_\_\_\_\_ Medicare ID # \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Covered by other NYC Plan \_\_\_\_\_ Covered by private Health Plan \_\_\_\_\_  
Welfare Fund Name of Plan

**Dependents**

SSN	Name	DOB	Gender	Status (child,disabled)

**Dental** For previously Deferred Members Only. For more information visit: [www.pscunywf.org](http://www.pscunywf.org)

Guardian  \*DeltaCare USA \*Delta will assign you a Dentist. To change it, call Delta or go Online.

**Insurance**

Health Plan \_\_\_\_\_  Basic  Rider Waive All Benefits

**Member** I hereby certify that all of my personal information presented here is true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**College** I hereby certify to the best of my knowledge that the information presented here is accurate, complete and sufficient to verify eligibility for benefits under the PSC-CUNY Welfare Fund.

Benefits Officer \_\_\_\_\_ College \_\_\_\_\_ Date \_\_\_\_\_

[PSC-CUNY Welfare Fund Use Only] \_\_\_\_\_ [Alpha] \_\_\_\_\_

Date Received \_\_\_\_\_ Authorization \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_