

Change of Benefit Status Notification Form

Add or Delete Dependent

Member's Last Name		Member's First Name		Member's Social Security No.	
Member's Mailing Address			Apt. No.	Member's Date of Birth	
City		State	Zip	Active	Retired
E-mail Address (personal)		Home Phone No. (w/ area code)		Cell Phone No.	

Add Dependent

Delete Dependent

Dependent's Last Name		Dependent's First Name		Relationship to Member	
Dependent's Mailing Address			Dependent's Date of Birth		
Apt. No.	City		State	Zip	

Reason for Change:	
I certify that the information given is correct _____	
Member's Signature _____	Date _____

If you want to add a new dependent, please enclose a copy of a Birth Certificate, Adoption Order, Marriage Certificate, or other appropriate certification. If you want to delete a current dependent, please state reason why and enclose appropriate documentation. Please complete and sign the form. Return all documents to the Fund Office. To send form back, do one of the following: Save PDF of this form to your computer, attach it to an email, and send to NJDCEA@aol.com or mail to NJDCEA Fund Office: 300 Hamilton Avenue, Suite 412, White Plains, NY 10601