

NINTH JUDICIAL COURT EMPLOYEES ASSOCIATION WELFARE FUND ENROLLMENT FORM

PLEASE COMPLETE, SIGN AND RETURN TO:
 NJDCEA WELFARE FUND.
 222 BLOOMINGDALE ROAD #101
 WHITE PLAINS, NY 10605 PHONE 1-914-949-8529

SECTION I MEMBER INFORMATION

SOCIAL SECURITY NUMBER

DATE OF BIRTH

□	□	□	-	□	□	-	□	□	□	□
---	---	---	---	---	---	---	---	---	---	---

□	□	/	□	□	/	□	□
---	---	---	---	---	---	---	---

LAST NAME

FIRST NAME

MI

PHONE

EMAIL

ADDRESS

APT NO.

CITY

STATE

ZIP

GENDER: MALE FEMALE

MARITAL STATUS: SINGLE MARRIED DIVORCED SEPARATED

EMPLOYMENT IN THE NYS-OCA SYSTEM COMM3NCE DATE _____

WORK LOCATION WESTCHER ROCKLAND

EMPLOYMENT IN WESTCHESTER/ROCKLANDS COURT COMMENCE DATE _____

JOB LOCATON COMBINED COURT LAW LIBRARY FAMILY COURT COMMISSIONER OF JURORS SURROGATES

SECTION II SPOUSE INFORMATION-PLEASE ATTACH MARRIAGE CERTIFICATE

FIRST NAME

LAST NAME

MI

DATE OF BIRTH

SOC SEC NO.

IS SPOUSE EMPLOYED? YES NO IF YES EMPLOYER NAME: _____

DOES THIS EMPLOYER PROVIDE A **DENTAL** PROGRAM? YES NO

OPTICAL BENEFIT PROGRAM? YES NO

IF YES, PLEASE PROVIDE NAME AND ADDRESS OF
INSURANCE COMPANY/ PLAN ADMINISTRATOR:

SECTION III DEPENDENT CHILD INFORMATION - PLEASE ATTACH BIRTH CERTIFICATE

NAME

DATE OF BIRTH

NAME

DATE OF BIRTH

□	□	/	□	□	/	□	□
---	---	---	---	---	---	---	---

□	□	/	□	□	/	□	□
---	---	---	---	---	---	---	---

□	□	/	□	□	/	□	□
---	---	---	---	---	---	---	---

□	□	/	□	□	/	□	□
---	---	---	---	---	---	---	---

□	□	/	□	□	/	□	□
---	---	---	---	---	---	---	---

□	□	/	□	□	/	□	□
---	---	---	---	---	---	---	---

SECTION IV MEMBER SIGNATURE

I HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED ABOVE IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A DENIAL OR SUSPENSION OF BENEFITS. IN ADDITION, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR FUND, FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

MEMBER'S SIGNATURE: _____

DATE: ____ / ____ / ____

FOR OFFICE USE ONLY

VERIFICATION BY: _____

DATE: ____ / ____ / ____

ELIGIBILITY START DATE: ____ / ____ / ____