Health and Welfare Fund

Patrolmen's Benevolent Association of the City of New York

125 Broad Street – 11th Floor, New York, NY 10004
212-349-7560 www.nycpba.org

Dependent Enrollment Form – Active Members

SECTION I - MEMBER INFORMATION			
Social Security Number	Last Name	First Name	Middle Initial
Gender ☐ Male ☐ Female	Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Legally Separated ☐ Domestic Partner	Date of Birth (MM/DD/YYYY) / /	Tax Registry No.

Home Address Line 1	Home Address Line 2	City	State	Zip Code

E-mail Address	Home Telephone Number	Mobile Telephone Number	Command

SECTION II – ADD NEW DEPENDENTS							
Relationship	Last Name	First Name	SSN	Date of Birth	Gender	Disabled?*	Medicare Eligible?
☐ Spouse ☐ Domestic Partner ☐ Dependent Child					☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No
☐ Spouse ☐ Domestic Partner ☐ Dependent Child					☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No
☐ Spouse ☐ Domestic Partner ☐ Dependent Child					☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No
☐ Spouse ☐ Domestic Partner ☐ Dependent Child					☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No

Please Note: When adding or removing a dependent you must provide the applicable documentation (e.g., birth certificate, marriage certificate or copy of divorce decree).

SECTION III – DROP EXISTING DEPENDENTS				
Reason	Last Name	First Name	SSN	Date of Birth
☐ Divorce ☐ Death ☐ Loss of Dependent Child Status ☐ I wish to voluntarily drop eligible dependent ☐ Other				
☐ Divorce ☐ Death ☐ Loss of Dependent Child Status ☐ I wish to voluntarily drop eligible dependent ☐ Other				
☐ Divorce ☐ Death ☐ Loss of Dependent Child Status ☐ I wish to voluntarily drop eligible dependent ☐ Other				

*Dependent children may be covered beyond the age of 26 if they are: (1) unmarried; and (2) unable to support himself/herself due to a physical or intellectual disability or mental illness that occurred prior to age twenty-six (26); and (3) enrolled as a disabled child in the City of New York Health Benefits Program.

SECTION IV – INFORMATION ABOUT OTHER HEALTH PLAN/INSURANCE COVERAGE

IV(A) – Plans other than the City of New York Health Benefits Program

Do any of your dependents have coverage through another employer or union (This includes other NYC Union Health and Welfare Funds, but not the City of New York Health Benefits Program)?

☐ **Yes** ☐ **No**

If you answered "Yes", please provide the following information:

Employer/Union Plan Name	
Policyholder/Subscriber Name	
Coverage Effective Date	
Coverage Termination Date (if Applicable)	
Policy/Coverage Type	☐ Single ☐ Employee + Spouse ☐ Family
Benefits Provided (Check all that apply)	☐ Medical/Hospital ☐ Prescription Drugs ☐ Dental ☐ Vision

IV(B) – City of New York Health Benefits Program Prescription Drug Rider Information

Are you or any of your dependents enrolled in a prescription drug rider through the City of New York Health Benefits Program? GHI-CBP and HIP HMO enrollees must check "No".	☐ **Yes** ☐ **No**

IV(C) – Listing of Individuals with other Coverage

Please list all individuals (including yourself) with other coverage

Last Name	First Name	SSN	Date of Birth	Covered by Another Health Plan?	Enrolled in NYC Health Plan Prescription Drug Rider?
				☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**
				☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**
				☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**
				☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**
				☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**

SECTION V – DEPENDENT LIFE INSURANCE

Dependent Life Insurance (DLI) pays a benefit to you in the event of the death of one of your dependents ($12,000 for a spouse/domestic partner or $3,000 for a dependent child.) If you elect DLI, your premium of 47 cents ($0.47) will be deducted from your bi-weekly paycheck regardless of the number of dependents covered. Please select one option below. DLI must be elected within 31 days of the later of (1) your appointment date, or (2) when your dependent is acquired (marriage, birth, etc.). If this deadline passes, you must provide evidence of good health (as required by the insurance carrier, Aetna) for any dependents acquired more than 31 days prior to electing DLI. If you have already elected DLI for existing dependents, new dependents are automatically covered. If you are unsure whether you have already elected DLI, please contact the PBA Funds Office at the telephone number above. Dependent children can be covered under DLI until age 19 (25 if enrolled as a full-time student). Please note that DLI eligibility rules for dependent children are different from those for the Health and Welfare and Retiree Health and Welfare Funds.

Please select one of the following Options:

☐ I have eligible dependents and elect to enroll in Dependent Life Insurance.

☐ I do not have eligible dependents or decline to elect Dependent Life Insurance.

Signature

I certify that the information in sections I, II and III above is correct. I understand that if I provide incorrect information and that information results in the Fund making payments that it should not have made, I will be responsible for those payments.

Member's Signature:_____ **Date:**_____

For Office Use Only			
Received	Entered By	Verified By	Information Requested