

CUNY PSC-WELFARE FUND

RETIREE ENROLLMENT QUESTIONNAIRE

MEMBER PART I

1. Social Security # _____
2. Name _____
Last First Middle Initial
3. Street Address _____
4. City _____ State _____ Zip _____
5. Date of Birth _____ 6. Sex M F 7. Marital Status: M W D
8. _____ 9. _____
Date of Initial CUNY Full Time Appointment College
10. Date of Retirement _____ 11. Pension System TRS ERS TIAA
12. Have You Filed an Application to Receive Your Pension? YES NO
13. If No, Please State Reason _____
14. Health Plan After Retirement _____
GHI/CBP HIP OTHER

SPOUSE PART II

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15. Social Security # _____ 16. Spouse's Name _____
 17. Date of Birth _____ 18. Is Spouse Employed YES NO
 19. Employer's Name & Address _____
 20. Is Spouse Covered By a Health Plan or Welfare fund? YES NO
 21. If Yes, Name & Address of Provider _____

RETIREE ENROLLMENT QUESTIONNAIRE (Cont.)

DEPENDENT CHILD - PART III

22. _____ 23. _____ M F _____
Social Security # Dependent Child's Name Sex Date of Birth

Social Security # Dependent Child's Name M F _____
Sex Date of Birth

Social Security # Dependent Child's Name M F _____
Sex Date of Birth

24. If Over Age 19, is Dependent Child a Full Time Student? YES NO

Name School

Name School

Name School

25. Date _____ 26. Member's Signature _____

PERSONNEL OFFICE PART IV

27. Is This Member Eligible for PSC-CUNY Welfare Fund Benefits? YES NO

28. Please Attach a Copy of the P2R to This Questionnaire.

29. Date _____ 30. College _____

31. _____
Signature of Personnel Officer
Or Welfare Fund Representative