

DC 37 HEALTH & SECURITY PLAN, 125 BARCLAY STREET, NEW YORK, NY 10007

CHANGE OF STATUS CARD

SOC. SEC. NO.		LAST NAME AS CURRENTLY ENROLLED			FIRST NAME			MID. INIT.	
(PLEASE FILL IN CHANGES ONLY BELOW THIS LINE)									
STREET ADDRESS				APT. NO./CARE OF		CITY		STATE	ZIP
BIRTH DATE MO. DAY YR.		SINGLE <input type="checkbox"/> (S)	WIDOWED <input type="checkbox"/> (W)	SEP <input type="checkbox"/> (P)	(I 113-122) SPOUSE'S/DOMESTIC PARTNER'S FIRST NAME				
		MARRIED <input type="checkbox"/> (M)	DIVORCED <input type="checkbox"/> (D)	DOMESTIC PARTNER <input type="checkbox"/> (PT)					
CIRCLE SEX	(I 109-112)		MO. DAY YR.		(I 123-126)		WIDOWED SEPARATED OR DIVORCED		MO. DAY YR.
M	F	MARRIAGE DATE		DATE					
CHANGE OF LAST NAME			CHANGE OF FIRST NAME			(II 47-56) HOME PHONE & AREA CODE			
(II 58-67) NAMES OF CHILDREN		(IV 21-30)		SEX M F	BIRTH MO. DAY YR.		(IV 31) RELATIONSHIP		IF APPLICABLE, YOU MUST ATTACH A COPY OF:
									• BIRTH CERTIFICATE
									• MARRIAGE CERTIFICATE
									• REGISTRATION CERTIFICATE
									• ADOPTION PAPERS
									• DIVORCE PAPERS
SOC. SEC. NO. OF SPOUSE/DOMESTIC PARTNER			FIRST NAME		LAST NAME (if different)		MID. INIT.	MALE <input type="checkbox"/>	DATE OF BIRTH
								FEMALE <input type="checkbox"/>	MO. DAY YEAR
EMPLOYER			WORK ADDRESS/ZIP CODE			WORK PHONE		DATE EMPLOYED	
								MO. DAY YEAR	
NAME OF SPOUSE'S/DOMESTIC PARTNER'S UNION/LOCAL #			UNION/LOCAL ADDRESS				UNION/LOCAL TEL. NO.		
Benefit	Name of Company		Address of Company/Zip Code		Phone #	Policy #	Type of Coverage: Individual/Family		Major Medical Drug Card or Direct Reimbursement
Dental									
Health Insurance									
Drug									

DATE _____ SIGNATURE _____

Dear Member:

The function of this card is to provide you with an opportunity to update your DC 37 Health & Security Plan records. Updating your records will ensure that you and your dependents will receive your benefits more efficiently.

PLEASE NOTE THE FOLLOWING

1. Red boxed areas must be completed.
2. You must fill in your Social Security number correctly.
3. Complete only the parts of this card for which the status of you or your dependents has changed.
4. Attach proper documentation to your Change of Status Card. (Birth Certificate for additional children, Marriage Certificate for change of name or marital status and Registration Certificate for addition of domestic partner.)
5. **If you are adding a Spouse/Domestic Partner to your enrollment records, you must also complete the section entitled "Spouse's/Domestic Partner's Employment information."**
6. If you wish to change and/or add a beneficiary, request a Change of Beneficiary card from the Plan office.
7. Finally, this card is not valid unless you, the Member, sign and date it on the reverse side.

For information about your Plan and your benefits call the Inquiry Unit at (212) 815-1234.