PLEASE RETAIN TOP PORTION FOR YOUR RECORDS

This change form is for the UUP Benefit Trust Fund (BTF). The Fund provides dental and vision coverage for UUP members and agency fee payers in the Professional Services Negotiating Unit (PSNU) who are eligible for the New York State Health Insurance Program (NYSHIP) under the UUP/State collective bargaining agreement.

This form must be completed to make a dependent change or correction. This form may also be used to report a change of address. Completion of this form does not imply eligibility. You may verify eligibility for the UUP Benefit Trust Fund by calling the Fund Office at (800) 887-3863.

Date Signed and Mailed: _____

✂ _____

Print Form, Complete, Sign and Mail or Fax to:

UUP Benefit Trust Fund, P.O. Box 15143, Albany, N.Y. 12212-5143 Fax (866) 559-0516

THIS IS NOT AN ENROLLMENT CARD

Please note that a copy of a valid marriage certificate or birth certificate is required for newly added dependents

Please print in ink
Be sure to sign

Change of Marital or Dependent Status ONLY

800-UUP-FUND
800-887-3863

UUP Benefit Trust Fund
P.O. Box 15143, Albany, NY 12212-5143

Name (Last, First, Middle Initial) **NY State Employee ID**

_____ _____

Home Address Number and Street City State Zip Code **Work Phone** **Home Phone**

_____ _____

CHANGE OF MARITAL STATUS OR NAME CHANGE (*Contact your HBA to add/delete a Domestic Partner)*

☐ I have been married; please add the name of my spouse. Date Married _____

Spouse's Name _____ _____ Birth Date _____

☐ I have divorced ☐ I am widowed Date of Event _____

Delete Name of Spouse _____

NAME CHANGE

☐ New Name _____ Former Name _____

Please Sign X _____ _____

Member Signature *Date*

Change of Dependents

UUP Benefit Trust Fund
P.O. Box 15143, Albany, NY 12212-5143

☐ Add name(s) of child(ren) on chart below.

☐ Delete name(s) of child(ren) on chart below. Delete Date _____

	NAME Last *(only if different)* First, Middle Initial	**Wife**	**Husband**	**Daughter**	**Son**	**Birth Date**	**Full-Time Student (*Proof Required*)**