ENROLLMENT CARD

Revised 8/2021

DAY CARE COUNCIL of NY - LOCAL 205, DC 37 WELFARE FUND

(print) Last name | First name | Middle initial | Social Security No.

Home address | Apt. #

City | State | Zip Code | Telephone

Cell Phone | Email Address

Birthdate | Month | Day | Year | Sex | Marital Status | Date of Marriage

Center Name | Job Title

Date Employed | Month | Day | Year | Employee Signature | Date

LIST BELOW NAME(S) OF YOUR SPOUSE AND CHILDREN UNDER 26 YEARS OF AGE (or who became 26 in this calendar year)

Name	Social Security	Check (X) Relationship				Date of Birth		
		Wife	Hsbd.	Son	Dghtr.	Month	Day	Year
1.								
2.								
3.								
4.								
5.								

DAY CARE EMPLOYEE Health Plan Choice (check one) GoldCare I _____ GoldCare II _____ Out of Area _____

To Be Completed by Day Care Center Director/Bookkeeper

Center Code # _____

Number of hours per week that employee works _____

Employee Job Title _____

Date Employed / Returned _____

Please mail this card to the Welfare Fund within 30 days of a qualifying event.
CHECK ALL THAT APPLY:

- ☐ NEW EMPLOYEE
- ☐ REHIRED EMPLOYEE
- ☐ TRANSFER
- ☐ INSURANCE OPT OUT
- ☐ RETURN TO WORK FROM DISABILITY LEAVE / FMLA
- ☐ BECAME DIRECTOR/ASSISTANT DIRECTOR
  EFFECTIVE DATE _____
- ☐ NAME CHANGE (ATTACH DOCUMENTS)
- ☐ ADDRESS CHANGE
- ☐ ADD DEPENDENT(S)
- ☐ REMOVE DEPENDENT(S)
- ☐ AUTOMATIC ENROLLMENT
- ☐ TERMINATED EMPLOYMENT
  LAST DAY WORKED _____
- ☐ RETIRED
  LAST DAY WORKED _____
- ☐ OTHER _____

ABOVE CERTIFIED BY:

CENTER EMAIL _____

_____

PRINT NAME

CENTER PHONE # ( ) _____

CENTER FAX # ( ) _____

SIGNATURE | TITLE | DATE

NOTE: FOR NEW EMPLOYEES / ADDING SPOUSE / CHILD(REN) ATTACH COPIES OF : SOCIAL SECURITY CARD(S), BIRTH CERTIFICATE(S), ADOPTION OR PERMANENT LEGAL GUARDIANSHIP PAPERS, MARRIAGE CERTIFICATE.
FOR OTHER CHANGES: ATTACH APPROPRIATE DOCUMENT(S) SUCH AS BIRTH AND/OR MARRIAGE CERTIFICATES, DIVORCE OR LEGAL SEPARATION PAPERS, DOCUMENTATION SHOWING DATE CHANGED JOB TITLE TO DIRECTOR.

***CENTER MUST MAIL TO*:**

DCC of NY - LOCAL 205, DC 37 WELFARE FUND, 420 WEST 45TH STREET, 3rd FLOOR, NEW YORK, N.Y. 10036-3501

WELFARE FUND USE ONLY

Input _____ Comments _____

Update _____

Dental _____

Medical _____