

**ENROLLMENT CARD**

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

Revised 10/2023

Social Security No.

(print) Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

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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) THAT ARE ENROLLING IN PLAN**

	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 Plus \_\_\_\_\_ EmblemHealth HIP(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, 3<sup>rd</sup> FLOOR, NEW YORK, N.Y. 10036-3501**

**WELFARE FUND USE ONLY**

Input \_\_\_\_\_ Comments \_\_\_\_\_

Update \_\_\_\_\_

Dental \_\_\_\_\_

Medical \_\_\_\_\_