



Retiree Chapter Enrollment Form

Employee Information

Name: _____ Date of Birth: _____

Social Security Number (SSN): _____ Gender: Male Female

Marital Status: Married Single Divorced Widowed Separated

Home Address: _____

Telephone Number: _____ Email Address: _____

Former Employer: _____ Number of Years: _____

Check Benefits for Enrollment

Choose all that apply:

- Medicare Supplemental Plans
- General Vision Services (GVS)
- Healthplex Healthy Smiles Program

Application for Membership

I hereby apply for membership in the UBenefit Senior Supplemental Program and agree to be bound by the rules and regulations, Constitution, and By-Laws on the IUJAT.

Employee Name (Print): _____

Employee Signature: _____ Date: _____

Return the completed form and a check for \$180 to: United Service Workers Union, 145 Huguenot Street, Suite 420, New Rochelle, NY 10801 | Phone: (718) 658-4848 | Fax: (914) 214-9517 | retirees@uswu.org



Retiree Chapter Spouse Enrollment Form

Employee Information

Name: _____ Date of Birth: _____

Social Security Number (SSN): _____ Gender: Male Female

Marital Status: Married Single Divorced Widowed Separated

Home Address: _____

Telephone Number: _____ Email Address: _____

Former Employer: _____ Number of Years: _____

Check Benefits for Enrollment

Choose all that apply:

- Medicare Supplemental Plans
- General Vision Services (GVS)
- Healthplex Healthy Smiles Program

Application for Membership

I hereby apply for membership in the UBenefit Senior Supplemental Program and agree to be bound by the rules and regulations, Constitution, and By-Laws on the IUJAT.

Employee Name (Print): _____

Employee Signature: _____ Date: _____

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