COURT OFFICERS BENEVOLENT ASSOCIATION OF NASSAU COUNTY HEALTH AND WELFARE FUND

ENROLLMENT / UPDATE FORM

Return this form to:
COBANC Health & Welfare Fund
1 Old Country Rd., Ste 282
Carle Place, NY 11514-1845

Initial Enrollment **Updated Information** Please see instructions on page 2

MEMBER INFORMATION ☐ Active ☐ Retiree

First Name	MI	Last Name		
SSN	Date of Birth: MM/DD/YYYY	Sex	Marital Status	
Cell Phone	Home Phone	Personal Email Address		
Address	Apt/Suite/Other	City/Town	State	ZIP Code

JOB INFORMATION

Title	Shield #	Title Date	COBANC Start Date	UCS Start Date	Veteran Status Yes No

SPOUSE / DOMESTIC PARTNER ☐ Add ☐ Remove

First Name	MI	Last Name	SSN	Date of Birth: MM/DD/YYYY	Sex	Employed? Yes No
Employer Name	Address	City/Town	State	ZIP Code		

DEPENDENTS ☐ Add ☐ Remove

#	First Name	MI	Last Name	SSN	Date of Birth: MM/DD/YYYY	Sex
1						
2						
3						
4						
5						

PRIMARY DEATH BENEFICIARY

1	First Name	MI	Last Name	Relationship	Percent
	Address		Email		Cell Phone
2	First Name	MI	Last Name	Relationship	Percent
	Address		Email		Cell Phone
3	First Name	MI	Last Name	Relationship	Percent
	Address		Email		Cell Phone

ALTERNATE DEATH BENEFICIARY

1	First Name	MI	Last Name	Relationship	Percent
	Address		Email		Cell Phone
2	First Name	MI	Last Name	Relationship	Percent
	Address		Email		Cell Phone
3	First Name	MI	Last Name	Relationship	Percent
	Address		Email		Cell Phone

I certify that the information provided is true and accurate, and that any sections left blank remain unchanged from the information I have previously submitted.

Member's Signature: _____ Date: _____

YOU MUST SIGN AND DATE THIS FORM

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INSTRUCTIONS

This form may be used for initial enrollment or updates.

It is preferable that you fill out this form electronically, then print, sign and date it before submitting it. If you handwrite this form, please print legibly.

Initial Enrollment vs. Updated Information.
If this is an initial enrollment, please complete the entire form.
If you are updating your information, you only need to enter the information that has changed (e.g., change of address, marital status, etc.).

Member Information. SSN is required for initial enrollment only. **Please indicate Active or Retiree** by checking the appropriate box.

Job Information. If this is an initial enrollment, please enter all dates, even if they are the same.

- Title is your official UCS title.
- Shield # is needed only if applicable.
- Title date is the date you started in your current title.
- COBANC start date is the date you were assigned to the COBANC bargaining unit.
- UCS start date is the first date you worked for the Unified Court System.

Spouse/Domestic Partner. Please indicate whether you are adding or removing by checking the appropriate box.
If adding a spouse/domestic partner, **you must include proof of eligibility** (e.g., copy of Marriage Certificate or Affidavit of Domestic Partnership, etc.).
If removing a spouse/domestic partner, **you must include documentation** (e.g., Affidavit of Termination of Domestic Partnership or first page and signature page of Judgment of Divorce, etc.).

Dependents. Please indicate whether you are adding or removing by checking the appropriate box. If adding a dependent, **you must include proof of eligibility** (e.g., copy of Birth Certificate, Adoption Papers, etc.).

Death Beneficiary Designation (Please clearly designate all primary and alternate death beneficiaries)
Unless different percentages are indicated, the member death benefit will be divided equally among the Primary Beneficiaries. If no Primary Beneficiary survives the member, the benefit will pass to the Alternate Beneficiaries.
If multiple beneficiaries are named, the percentage allocations must equal 100%.
Important: Please provide contact email and cell phone numbers for your beneficiaries.
No alterations are allowed in this section. Cross-outs or the use of white-out will void your beneficiary designation.

You must send this original signed and dated form, along with copies of proof of eligibility to:

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1 Old Country Rd.
Ste 282
Carle Place, NY 11514-1845