



**Mail, Fax or Email completed form to:**

**UUP Benefit Trust Fund,  
P.O. Box 15143, Albany, NY 12212-5143  
800-887-3863 (Phone) 866-559-0516 (Fax)  
www.benefits @ uupmail.org**

## Change of Marital or Dependent Status

*A copy of a valid marriage certificate or birth certificate is required.*

**EMPLOYEE INFORMATION**

\_\_\_\_\_  
Name (Last, First, Middle Initial)

\_\_\_\_\_  
NY State Employee ID

\_\_\_\_\_  
Home Address Number and Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State, Zip Code

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

**MARITAL STATUS CHANGE**

I am married

Male

Female

\_\_\_\_\_  
Name of Spouse

\_\_\_\_\_  
Date Married

\_\_\_\_\_  
Date of Birth

I am divorced

I am widowed

\_\_\_\_\_  
Delete Name of Spouse

\_\_\_\_\_  
Date of Event

**DOMESTIC PARTNER CHANGE**

Add

Delete

\_\_\_\_\_  
Name of Domestic Partner

\_\_\_\_\_  
Date of Event

**\*Domestic Partner information must be provided to the campus HBA for eligibility verification. The Fund cannot enroll domestic partners until confirmation has been received from the NYS Dept. of Civil Service. Please call the Fund if your domestic partner wants only dental & vision coverage (and does not want medical coverage).**

**NAME CHANGE**

\_\_\_\_\_  
New Name

\_\_\_\_\_  
Former Name

### Change of Dependents

Add or Delete	Last Name <i>(only if different)</i>	First Name	Middle Initial	Birth Date	Male	Female	Other
<input type="checkbox"/> Add <input type="checkbox"/> Delete							
<input type="checkbox"/> Add <input type="checkbox"/> Delete							
<input type="checkbox"/> Add <input type="checkbox"/> Delete							
<input type="checkbox"/> Add <input type="checkbox"/> Delete							
<input type="checkbox"/> Add <input type="checkbox"/> Delete							

Signature: \_\_\_\_\_

Date: \_\_\_\_\_