

PLEASE RETAIN FOR YOUR RECORDS

The UUP Benefit Trust Fund (Fund) provides dental and vision coverage for UUP-represented employees in the Professional Services Negotiating Unit who are eligible for NYSHIP under the UUP/NYS collective bargaining agreement.

This form must be received by the Fund before benefits can be accessed. Completion of this form does not imply eligibility. You may verify eligibility by calling the Fund or checking with your campus Health Benefits Administrator (HBA).

DeltaCare® USA DHMO Option: If you are a new employee, or have never enrolled in the Fund, you may select the Delta DHMO by filling out the DHMO enrollment card. If you do not select the Delta DHMO, you will automatically be enrolled in the Delta PPO.

Date Signed and Mailed: _____

UUP Benefit Trust Fund
PO Box 15143, Albany, NY 12212-5143
www.uupinfo.org
800-887-3863 (Phone) or 866-559-0516 (Fax)

04/19

UUP Benefit Trust Fund Enrollment Card

United University Professions, PO Box 15143, Albany, NY 12212-5143
 www.uupinfo.org
 800-887-3863 (Phone) or 866-559-0516 (Fax)

Please select one:
 Delta PPO _____
 Delta DHMO _____

Employee Information

Single Married Divorced

Gender _____

Name (Last, First, MI) _____ Date of Birth _____ NYS Employee ID _____

Home Address—Number & Street _____ City _____ State, Zip Code _____

Work Location (Name of Campus or Institution) _____ Department _____ Non-SUNY Email _____

Home or Cell Phone _____ Work Phone _____

Spouse or Domestic Partner Information*

Husband Wife Domestic Partner

Gender _____

Name (Last, First, MI) _____ Date of Birth _____

*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 and vision coverage (and does not need medical coverage).

Signature _____ Date _____

List Dependents Below

Dependent Children Information

Your disabled child who is 26 or older is eligible for benefits if the child is unmarried, is incapable of self-support by reason of mental or physical disability, and acquired the disability condition before they would otherwise have lost eligibility due to age. A special form is required for disabled children and is available from the Fund.

Name (Last, First, MI)	Date of Birth	Gender

NOTE: UUP-represented employees who defraud or attempt to defraud the UUP Benefit Trust Fund (Fund) or who knowingly give false or misleading information are subject to a penalty, which may include suspension of eligibility for all Fund benefits. UUP-represented employees are responsible for notifying the Fund of any changes in marital and/or dependent status by submitting a Change of Status Form, which is available from the Fund office.

UUPBTF – ENR 04/19