



Welfare Fund

50 Broadway
 11th Floor Suite 1101
 New York, NY 10004
 P: 212.532.7690
 F: 212.481.4137
benefits@doctorscouncil.org
www.doctorscouncil.org

Please return the completed form by Email, Fax or Mail to the Doctors Council Welfare Fund. Also include, if applicable, copies of Birth and Adoption Certificates for all Children under the age of 26 and a copy of your Marriage Certificate or Domestic Partner Registration.

MEMBER INFORMATION

LAST NAME		FIRST NAME		MI	SOCIAL SECURITY #	
ADDRESS Street		City		State		Zip
SEX F M	BIRTHDATE	APPOINTMENT DATE	SALARY STATUS Full Time Part Time Sessional			HOURS EMPLOYED PER WEEK
HOME PHONE	HOME FAX	WORK PHONE	WORK FAX		CELL PHONE	
HOME EMAIL			WORK EMAIL			
JOB TITLE			WORK SITE			

SPOUSE AND DEPENDENT CHILDREN UNDER THE AGE OF 26

LAST NAME	FIRST NAME	MI	BIRTHDATE	RELATIONSHIP TO MEMBER

INSURANCE INFORMATION

Are you Eligible for Medicare? Yes No	Spouse? Yes No	Are you a member of the NYC Employee's Retirement System? Yes No
If yes, are you covered by Medicare? Yes No		If yes, Pension Number:
If yes, which Plan do you have:		
GHI-CBP/Blue Cross	with high option rider	
HIP/HMO	with high option rider	
MED-PLAN	with high option rider	
GHI Type C/Blue Cross	with high option rider	
EMPIRE/HMO	with high option rider	
Do you have any other health insurance? Yes No		
If yes, please specify		
Does your spouse have any other health insurance? Yes No		
If yes, please specify		

LIFE INSURANCE BENEFICIARIES

NAME OF BENEFICIARY	Same Address as Member	RELATIONSHIP TO MEMBER
ADDRESS Street	City	State Zip

NAME OF BENEFICIARY	Same Address as Member	RELATIONSHIP TO MEMBER
ADDRESS Street	City	State Zip

NAME OF BENEFICIARY	Same Address as Member	RELATIONSHIP TO MEMBER
ADDRESS Street	City	State Zip

NAME OF BENEFICIARY	Same Address as Member	RELATIONSHIP TO MEMBER
ADDRESS Street	City	State Zip

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ADDRESS Street	City	State Zip

NAME OF BENEFICIARY	Same Address as Member	RELATIONSHIP TO MEMBER
ADDRESS Street	City	State Zip

If more than one beneficiary is designated, settlement will be made in equal shares to each of the designated beneficiaries (or beneficiary) as survive the insured, unless otherwise provided herein. If no designated beneficiary survives the insured, settlement will be made to the estate of the insured, unless otherwise provided by the Group Policy.

MEMBER'S SIGNATURE	DATE
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