New York State Teamsters Benefit Funds

PO Box 4928 • Syracuse, New York 13221-4928 • Telephone: 315-455-9790 • Facsimile 315-234-1046 • e-mail: benefits@nytfund.org

Health and Pension Enrollment

MEMBER INFORMATION SECTION

Last Name _____ First Name _____ Middle Initial _____

Email address _____

Mailing Address _____ City _____ State _____ Zip Code _____ Telephone Number _____

Social Security Number _____ Date of Birth _____ ❑ Male ❑ Female Employer _____ Date of Hire _____ Local Union _____

Marital Status ❑ Single ❑Married _____ Date ❑ Divorced _____ Date ❑Widowed

Coverage: YOU WILL BE ENROLLED IN YOUR MARITAL / FAMILY STATUS.

SPOUSE INFORMATION SECTION

Last Name _____ First Name _____ Date of Birth _____

❑ Male ❑ Female Social Security Number _____

1. Is your Spouse employed?
   ❑ Yes ❑ No

Employer Name _____ Employer Phone _____

2. Does your spouse's employer offer insurance?
   ❑ Yes ❑ No

3. Is the insurance that is offered through their employer free (at no cost)?
   ❑ Yes (Spouse must enroll in coverage)
   ❑ No (Spouse does not need to enroll)

Spouse's insurance information:

Carrier Name _____

4. Is your spouse enrolled in their benefits through their employer?
   ❑ Yes
   ❑ No

Type:
❑ Single
❑ Family

Type of benefits enrolled in (i.e. medical, dental, vision) _____

CHILDREN INFORMATION SECTION

First Name	Last Name	Date of Birth	SS#	Relationship

BENEFICIARY DESIGNATION REQUIRED
(APPLICABLE IF LIFE INSURANCE BENEFIT INCLUDED)

FULL Name of Beneficiary _____ **COMPLETE** Address of Beneficiary _____ Relationship _____ Percentage _____

FULL Name of Beneficiary _____ **COMPLETE** Address of Beneficiary _____ Relationship _____ Percentage _____

If more than one beneficiary is named, the death benefits, unless a different percentage is indicated, will be paid in equal shares to the designated beneficiaries who survive the employee. If no beneficiary survives, payment will be made in accordance with the rules adopted by the Trustees. I understand that by my participation in the program of the New York State Teamsters Council Health & Hospital Fund, any death benefits payable under such program shall be payable to the beneficiary above named by me. I further understand that the beneficiary designated may be changed by me at any time by written notification to the Fund. If there are any changes in your employment or spouse's employment, address, beneficiary, or dependents, you are to notify this office **immediately.** Any person who **knowingly** makes a **false statement** with regard to a material fact shall not be entitled to receive the benefits claimed nor any disability benefits during the period.

MEMBER'S SIGNATURE _____ **Date** _____

(SEE REVERSE FOR INSTRUCTIONS) 2026

15006264.7

ENROLLMENT INSTRUCTIONS

Complete <u>all</u> required fields on the reverse side
<u>In addition, you are required to provide the following documents:</u>

1. Copies of **birth certificates** or **drivers license** on yourself and spouse;
   Copies of **birth certificates** on dependent children showing names of natural parents.

2. If **married**, a copy of your marriage certificate.

3. For any children that may be **adopted**, a copy of adoption agreement.

4. For any **stepchildren** that are residing with you:
   - copy of your spouse's divorce decree.
   - separation agreement or family court order stating custody and insurance responsibility.
   - copy of last year's Federal Income Tax Return showing dependents reside with you.
   - written verification from school showing proof of residence on stepchild.

5. For any **grandchildren** that are residing with you:
   - copy of the court decree awarding custody.
   - the grandchild's birth certificate.
   - your last Federal Income Tax Return showing you claim the grandchild.

6. If **spouse is employed**:
   - The Fund needs to know if spouse's have insurance offered to have them at a cost **REGARDLESS** if they are enrolled.

7. **SIGN and DATE** the BOTTOM of the ENROLLMENT FORM.

   - Return the completed enrollment form, along with the requested information.
   - If you have any questions concerning your enrollment responsibilities, please contact the Fund Office at (315) 455-9790.

New York State Teamsters Benefit Funds
PO Box 4928
Syracuse, New York 13221-4928
Telephone: (315) 455-9790 / Facsimile: (315) 234-1046
e-mail: <u>benefits@nytfund.org</u>

Important Information About the New York State Teamsters Conference Pension and Retirement Fund and the New York State Teamsters Council Health and Hospital Fund

Initial Notification of Electronic Delivery and Your Right to Opt-out

This document includes important information about how we deliver certain documents to participants in the New York State Teamsters Conference Pension and Retirement Fund ("Pension Fund") and the New York State Teamsters Council Health and Hospital Fund ("Health Fund"). This notice is to inform you that certain Pension Fund and Health Fund Documents required to be furnished to you under ERISA will be furnished to you electronically by being posted online at:

Pension Fund: https://www.nystpensionfund.org/forms-publications/.

Health Fund: https://nytfund.org/health-and-hospital-fund-plan-docs/.

You will receive a notice to your email address when a document is posted on the website, along with a hyperlink to the website. Documents that will be posted online include, for example:

- Summary Plan Descriptions (Pension and Health Funds)
- Summaries of Material Modifications (Pension and Health Funds)
- Annual Funding Notices (Pension Fund)
- Notices of Endangered or Critical Status (Pension Fund)
- Summary Annual Report (Health Fund)
- Summaries of Benefits and Coverage (Health Fund)
- Women's Health and Cancer Rights Act Notice (Health Fund)
- HIPAA Privacy Notice (Health Fund)

How to Access Your Pension Plan Documents Online

To access the documents posted on the website, you will need to type https://www.nystpensionfund.org/forms-publications/ (Pension forms) or https://nytfund.org/health-and-hospital-fund-plan-docs (Health forms) into your internet browser, which will take you to the website where you can access the documents. Most modern internet browsers have built-in PDF readers. If your browser does not have a built-in PDF reader, your smartphone, tablet or computer must otherwise have PDF reader software to view the documents.

Documents at these websites are not required to remain available for more than one year or, if later, after the document is superseded by a subsequent version of the document (such as a new Summary Plan Description).

Automatic Enrollment into Electronic Delivery

By providing your email address and signing the attached Enrollment Form you acknowledge and affirm that you have the ability to access the information in the form used in Electronic Delivery and will be automatically enrolled in Electronic Delivery. However, you have the right of Opting Out of Electronic Delivery and receiving paper versions of these documents at no charge by checking the box below and returning this document to the Fund Office:

Opting Out of Electronic Delivery

To elect Opting Out of Electronic Delivery, please complete the information below and mail to the New York State Teamsters Benefit Funds, PO Box 4928, Syracuse, NY 13221.

☐ ***I do not consent to receiving electronically the employee benefit plan-related disclosures described to me in an email from the Pension and/or Health Funds. I request paper versions be mailed to my home address on file. I understand I have the right to later enroll in Electronic Delivery by notifying the Fund Office.***

Name: _____

Fund ID#: _____

Signature: _____

You should keep this notice with your important papers relating to the Pension Fund and Health Fund so that you know how to access your SPD, SMMs, and other important Pension Fund and Health Fund documents that have previously been provided to you and include important information related to your Pension Fund and Health Fund terms.

April, 2026