



**UFT WELFARE FUND**  
52 BROADWAY, 7<sup>TH</sup> FLOOR, NEW YORK, NY 10004

**RIDER CLAIM FORM - 2011 BENEFIT YEAR**  
**FOR NYC HEALTH INSURANCE PLANS**

**This form should be completed only if you are a UFT Welfare Fund Retiree and paying for a NYC Optional Rider or NYC Health Plan through pension deduction / direct payment or if you are covered under your spouse's / domestic partner's NYC Health Plan.**

Please sign and return the form with the appropriate documentation to the UFT Welfare Fund. If you carry the health plan, please complete only Section I and attach your pension stub to the completed form. Please complete both Section I and Section II if your spouse / domestic partner covers you under their city health plan and attach their City pension or payroll check stub.

**SECTION I**

Member's Full Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Social Security Number or UFT Welfare Fund ID Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Which NYC pension system are you receiving your pension check from? \_\_\_\_\_

Pension # \_\_\_\_\_ Retirement Date: \_\_\_\_\_

Which NYC health plan are you enrolled in? \_\_\_\_\_

Monthly Payment/Deduction: \$ \_\_\_\_\_ # of months paid: \_\_\_\_\_ Total Payment/Deduction for 2011: \$ \_\_\_\_\_

**SECTION II** (To be completed only when you are covered under your spouse / domestic partner's health plan)

Spouse's / Domestic Partner's Name: \_\_\_\_\_

Spouse's / Domestic Partner's Social Security Number: \_\_\_\_\_  
(or WF ID number if also a UFT member)

Which NYC pension system is your spouse / domestic partner (if retired) receiving a pension check from?  
Spouse's / Domestic Partner's Pension # \_\_\_\_\_

Retirement Date: \_\_\_\_\_ Indicate Single or Family Plan: \_\_\_\_\_

Monthly Payment/Deduction: \$ \_\_\_\_\_ # of months paid: \_\_\_\_\_ Total Payment/Deduction for 2011: \$ \_\_\_\_\_

\_\_\_\_\_  
**Member's Signature**

\_\_\_\_\_  
**Date**