

Benefit Year: \_\_\_\_\_

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

**RETIREE QUESTIONNAIRE TO ESTABLISH ELIGIBILITY FOR PARTIAL  
REMIBURSEMENT OF CITY OPTIONAL RIDER OR HEALTH PLAN DEDUCTIONS**

**This questionnaire should be completed only if you are paying for a City Optional Rider or health plan through pension check deduction.**

It should be signed and returned with the appropriate documentation to the Welfare Fund as soon as possible. If you carry the health plan, please complete only Section I, and attach your pension stub to the completed questionnaire. Please complete both Section I and Section II if your spouse/domestic partner covers you under his/her health plan, and attach your spouse/domestic partner's City pension or payroll check stub.

**SECTION I**

NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ FILE # \_\_\_\_\_

Are you a member of the Teachers' Retirement System? (circle one)                      YES                      NO

If no, which City pension system are you receiving your pension check from?

\_\_\_\_\_

What City health plan are you covered by \_\_\_\_\_

PENSION # \_\_\_\_\_ RETIREMENT DATE \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

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

SPOUSE/DOMESTIC PARTNER'S NAME \_\_\_\_\_

SPOUSE/DOMESTIC PARTNER'S SOCIAL SECURITY # \_\_\_\_\_

Is spouse/domestic partner a member of the Teachers' Retirement System (circle one)                      YES                      NO

If no, which City pension system is your spouse/domestic partner (if retired) receiving a pension check from?

\_\_\_\_\_

SPOUSE/DOMESTIC PARTNER'S PENSION # \_\_\_\_\_ RETIREMENT DATE \_\_\_\_\_

If your spouse/domestic partner is currently working for a City agency, which City agency? \_\_\_\_\_

\_\_\_\_\_