UFT/RTC Supplemental Health Insurance Program (SHIP)

Make check payable to: SHIP

Mail Enrollment card and check to:
SHIP
52 Broadway, 17th floor
New York, NY 10004
(212) 228-9060

(Complete information on back)

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**How do I enroll in SHIP?**

1. Complete both sides of the SHIP enrollment card, which includes a Pension Deduction Authorization section.
2. You **MUST** enroll in SHIP within one year of your retirement date.
3. Enclose copy of Marriage Certificate or Domestic Partnership Registration. You **MUST** enroll your spouse/domestic partner at the time you enroll; you will **NOT** be able to enroll them in the future. See SHIP Booklet for important additional information.
4. Enclose a copy of the *Receipt – Service Retirement Application* letter from TRS indicating your retirement date.
5. Enclose a check for the SHIP premium. Enter the amount from the chart in the appropriate box on line 2 of the SHIP enrollment card for you and, if applicable, your spouse/domestic partner if enrolling them.
6. You **MUST** provide spouse/domestic partner’s COMPLETE social security number.
7. Since it will be too late to set up automatic pension deductions, if you are retiring or submitting your SHIP enrollment card in December, you **MUST** include a second check for $120 or $240 if enrolling your spouse/domestic partner. The second check will be held and deposited **AFTER** January 1st of the subsequent year.
8. You **MUST** be a member of UFT-RTC to enroll in SHIP. Contact UFT Membership Dept. for an application at 212-701-9690.

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**Health Plan(s)**

<table>
<thead>
<tr>
<th>Health Plan(s)</th>
<th>Member*</th>
<th>Spouse**</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. On Medicare or Medicaid: (Enter Yes or No)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. SHIP Premium (Enter Amount)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Health Plan (GHI, HIP, HMO or Other) (Enter plan name below)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Enter SHIP premium in appropriate box(es).
**A copy of your Marriage Certificate or Domestic Partnership Registration **MUST** be submitted.

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**Premium Schedule**

<table>
<thead>
<tr>
<th>Month Enrolled</th>
<th>SHIP Premium</th>
<th>Month Enrolled</th>
<th>SHIP Premium</th>
<th>Month Enrolled</th>
<th>SHIP Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>$120</td>
<td>May</td>
<td>$80</td>
<td>Sept</td>
<td>$40</td>
</tr>
<tr>
<td>Feb</td>
<td>$110</td>
<td>June</td>
<td>$70</td>
<td>Oct</td>
<td>$30</td>
</tr>
<tr>
<td>Mar</td>
<td>$100</td>
<td>July</td>
<td>$60</td>
<td>Nov</td>
<td>$20</td>
</tr>
<tr>
<td>Apr</td>
<td>$90</td>
<td>Aug</td>
<td>$50</td>
<td>Dec</td>
<td>$10</td>
</tr>
</tbody>
</table>

Revised January 2022
RTC Member (Please Print)

Name

Last

First

Initial

Address

City

State

Zip

Telephone#

Social Sec.# ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Retirement Date

Date of Birth

Spouse/Domestic Partner (Please Print)

Name

Last

First

Initial

Date of Birth

Social Sec.# ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Pension Deduction Authorization: I hereby request withholding of deductions from my benefit for the purchase of union-sponsored benefits as permitted by Chapter 248, Laws of 1994. The Teachers’ Retirement System of the City of New York (TRS) is authorized to continue taking such deductions until my union receives written notice from me to the contrary. I expressly acknowledge and understand that UFT will determine the exact amount withheld and that any questions regarding deduction(s) will be directed by me to my union. I hereby certify to TRS that I am a UFT member entitled to receive union deductions as provided by law.

Member’s Signature__________________________________________ Date______________________

Your first premium payment is due upon enrollment and will be on your effective date of eligibility; the first of the month in which you retire. Please note that you are required to pay premiums retroactively to the month you retire, regardless of when you actually enroll (e.g., if you retire on July 15, your first day of eligibility is July 1 and your premium payment is due as of July 1 even if you enroll on November 15). Please see other side for the current premium rates. If you are not sure of the appropriate amount, please contact the SHIP office at (212) 228-9060.

• You MUST be a member of UFT-RTC to enroll in SHIP. Contact UFT for membership application at 212-701-9690.

• You MUST enroll in SHIP within one year of your retirement date.

If enrolling spouse/domestic partner:

• You MUST provide spouse/domestic partner’s COMPLETE social security number.

• You MUST enclose a copy of Marriage Certificate or Domestic Partnership Registration.

• You MUST enroll your spouse/domestic partner at the time you enroll; you will NOT be able to enroll them in the future. See SHIP booklet for important additional information.