

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)

Health Plan(s)	Member*	Spouse**	Total
1. On Medicare or Medicaid: (Enter Yes or No)			
2. SHIP Premium (Enter Amount)			
3. Health Plan (GHI, HIP, HMO or Other) (Enter plan name below)			
Plan Name:			

* Enter SHIP premium in appropriate box(es).

A copy of your Marriage Certificate or Domestic Partnership Registration **MUST be submitted.

Member's Signature _____ Date _____

GL14442 Revised January 2015

How do I enroll in SHIP?

1. Complete both sides of the SHIP Enrollment card, which includes a Pension Deduction Authorization section.
2. Attach copy of Marriage Certificate or Domestic Partnership Registration to SHIP Enrollment card. 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.
3. Enclose a check for the SHIP premium with your SHIP Enrollment card. 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.
4. 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. Since it will be too late to set up automatic deductions. The second check will be held and deposited **AFTER** January 1st of the subsequent year.
5. You **MUST** be a member of UFT-RTC to enroll in SHIP.
Contact UFT for membership application at 1 (212) 598-6855

Month Enrolled	SHIP Premium	Month Enrolled	SHIP Premium	Month Enrolled	SHIP Premium
Jan	\$120	May	\$80	Sept	\$40
Feb	\$110	June	\$70	Oct	\$30
Mar	\$100	July	\$60	Nov	\$20
Apr	\$90	Aug	\$50	Dec	\$10

Teacher Member (Please Print)

Social Sec.# _____ - _____ - _____

Name _____ Telephone# _____
LAST FIRST INITIALAddress _____ Retirement Date _____
APT_____
CITY STATE ZIP Date of Birth _____**Spouse/Domestic Partner (Please Print)**

Social Sec.# _____ - _____ - _____

Name _____ Date of Birth _____
LAST FIRST INITIAL

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 1 (212) 228-9060.

If enrolling spouse/domestic partner:

- You **MUST** attach a copy of Marriage Certificate or Domestic Partnership Registration to SHIP Enrollment card.
- 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.

Contact UFT for membership application at 1 (212) 598-6855.

- You **MUST** be a member of UFT-RTC to enroll in SHIP.