WELFARE FUND
52 Broadway
New York, NY 10004

Application To Purchase
Age 29 Young Adult Coverage
UFT Welfare Fund Benefits Only

(This Application is not used for Medical & Hospital Coverage)

INSTRUCTIONS:
1 - Complete a separate Application For Young Adult Coverage for each dependent child betwee
the ages of 26 and 29 for whom you are requesting UFT Welfare Fund coverage.
2 - Complete a UFT Welfare Fund Change Of Status form (online at www.uftwf.org or a manual paper form)
in order to enroll your dependent child with the UFT Welfare Fund.
3 - Send a copy of your child's birth certificate along with this completed form, signed by the member.
4 - Your first month premium must be enclosed along with this completed form
Dependent Children of In-Service Members: **$66.37** per child, per month
Dependent Children of Retired Members: **$25.40** per child, per month

PLEASE NOTE: In order to be eligible under the NYS Age 29 Coverage Expansion, your dependent child
MUST:
* - Be unmarried, and
* - Be age 29 or younger, and
* - Live, work, or reside in NY State or the health insurance company's service area, and
* - Not be covered by Medicare, and
* - Not be insured, or eligible for comprehensive health insurance through his/her employe

**** Coverage begins the first day of the month following receipt of this application. ****

Must Be Completed By Member:

Member's Name : _____ Welfare Fund Alt. ID # or Soc. Sec. # : _____

Address : _____ File # : _____

City, State, Zip : _____ Telephone # : _____

Dependent Child's Name : _____ Dependent Child's Date of Birth : _____

Relationship to Member : _____ Dependent Child's Soc. Sec. # : _____

Address (if different from Member): _____ Telephone # : _____

City, State, Zip : _____

Is your Dependent child currently employed: ☐ Yes ☐ No

If yes, please provide the following information regarding your dependent child:

Employer's Name : _____

Employer's Address : _____

City, State, Zip : _____

Employer's Telephone # : _____

ATTESTATION: Health coverage is not available from my dependent child's employer.

Signature of Member : _____ Date : _____

Eff. 07/01/22