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RETIREE REGISTRATION FORM

TO EXPEDITE THE PROCESSING OF YOUR CWA LOCAL 1180 RETIREES BENEFITS PLEASE COMPLETE THIS FORM AND RETURN IT TO THE FUND OFFICE.

1. Full Name _____
(First Name) (MI) (Last Name)

2. Home Address _____

(City) (State)

3. SSN ____/____/____ OR Member ID# _____

4. Date of Birth ____/____/____ 5. Home Phone No. _____

6. Date Retired ____/____/____ 7. Pension No. _____

8. Name of your NYC Health Insurance Plan _____

9. Marital Status*: Single Married Domestic Partnership

10. Is your Spouse/Domestic Partner a Member or Retiree of CWA Local 1180? Yes No

11. Spouse's/Domestic Partner's Health Insurance Carrier or Union _____

12. List below the names of your spouse/domestic partner and your dependents who have not attained age 19 (up to age 23 if a full-time student):

LAST NAME	FIRST NAME	MI	SSN	RELATIONSHIP					DATE OF BIRTH
			/ /	H	W	P	D	S	/ /
			/ /	H	W	P	D	S	/ /
			/ /	H	W	P	D	S	/ /
			/ /	H	W	P	D	S	/ /

H= HUSBAND, W=WIFE, P=DOMESTIC PARTNER, D=DAUGHTER, S=SON

* Please submit the supporting documentation only if your marital status has changed since you retired (e.g. marriage certificates or divorce decree, a Certification by the City of New York of Domestic Partnership, etc.).

RETIREE'S SIGNATURE _____ DATE _____