



Mail, Fax or Email completed form to:

UUP Benefit Trust Fund,
P.O. Box 15143, Albany, NY 12212-5143
800-887-3863 (Phone) 866-559-0516 (Fax)
Email: benefits@uupmail.org

Change of Marital or Dependent Status

A copy of a valid marriage certificate or birth certificate is required.

EMPLOYEE INFORMATION

Name (Last, First, Middle Initial)

NY State Employee ID

Home Address Number and Street

City

State, Zip Code

Work Phone

Home Phone

MARITAL STATUS CHANGE

☐ I am married

☐ Male

☐ Female

Name of Spouse

Date Married

Date of Birth

☐ I am divorced

☐ I am widowed

Delete Name of Spouse

Date of Event

DOMESTIC PARTNER CHANGE

☐ Add

☐ Delete

Name of Domestic Partner

Date of Event

***Domestic Partner information must be provided to the campus HBA for eligibility verification. The Fund cannot enroll domestic partners until confirmation has been received from the NYS Dept. of Civil Service. Please call the Fund if your domestic partner wants only dental & vision coverage (and does not want medical coverage).**

NAME CHANGE

New Name

Former Name

Change of Dependents

Add or Delete	Last Name (only if different)	First Name	Middle Initial	Birth Date	Male	Female	Other
☐ Add ☐ Delete							
☐ Add ☐ Delete							
☐ Add ☐ Delete							
☐ Add ☐ Delete							
☐ Add ☐ Delete							

Signature: _____

Date: _____

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