

WELFARE FUND



Day Care Council/Council of Supervisors and Administrators 40
Rector Street, 12th Floor • New York, New York 10006-1729
Telephone: (212) 962-6061 • Fax: (212) 964-4357

DAY CARE DIRECTORS

Susan Barone
Administrator

APPLICATION FOR AGE 26

YOUNG ADULT COVERAGE

DCC/CSA WELFARE FUND BENEFITS ONLY

INSTRUCTIONS: 1. Complete a separate application for Young Adult Coverage for each dependent child between the ages of 19 and 26 for whom you are requesting DCC/CSA Welfare Fund coverage.

2. Send a copy of your child's birth certificate along with this completed form, signed by the member.

PLEASE NOTE: In order to be eligible under the NYS Age 26 Coverage, your child must not be insured, or eligible for comprehensive health insurance through his/her employer.

Must be completed by Member:

Member's Name: _____ Social Security #: _____

Address: _____ File #: _____

City, State, Zip: _____ Telephone #: _____

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

Relationship to Member: _____ Dependent Child's Social Security #: _____

Address (if different from member)

City, State Zip _____

Telephone #: _____

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: _____