



# WELFARE FUND

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[www.csawf.org](http://www.csawf.org)

Susan Barone, Administrator

## APPLICATION FOR AGE 26 YOUNG ADULT COVERAGE 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 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: \_\_\_\_\_