Effective 1/1/2023

Erie County
CSEA EBF Enrollment Form

Employee ID Number_____

DENTAL
Please (✓) one:

Please indicate the coverage you are electing:

☐ Single
☐ Family

CSEA EMPLOYEE BENEFIT FUND
PO Box 516
Latham, NY 12110
800-323-2732
www.cseaebf.com

Employee Information (Please Print)

Social Security # _____ Date of Birth _____

Name (First, Middle Initial, Last) _____ Please (✓) one: ☐M ☐F ☐U

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Employee's Daytime Phone # _____ Email _____

Name of Employer **Erie County**

Spouse Information

Date of Marriage _____ Please (✓) one: ☐M ☐F ☐U

Name (First, Middle Initial, Last) _____

Date of Birth _____ Social Security # _____

Dependent Children Information (For relationship, please indicate: Son, Daughter, Step-child or other)

Last Name _____ First Name _____ Date of Birth _____ ☐M ☐F ☐U Relationship _____

Last Name _____ First Name _____ Date of Birth _____ ☐M ☐F ☐U Relationship _____

Last Name _____ First Name _____ Date of Birth _____ ☐M ☐F ☐U Relationship _____

Last Name _____ First Name _____ Date of Birth _____ ☐M ☐F ☐U Relationship _____

Do you and/or your dependents have other dental coverage available? ☐Yes ☐No

If yes, please indicate: Name of other plan: _____ Effective Date: _____

*Important Information concerning dependent coverage

- When enrolling dependent children, it may be necessary for the CSEA EBF to require and/or request additional information which may include full-time student verification for children ages 19 and over, verification of eligibility by "Proof of Dependency" form, copy of Birth Certificate and/or "Certification of Disability" form.
- In certain instances, a copy of a Marriage Certificate may be requested for proof of eligibility.
- An employee may not be covered both as an employee and as a dependent of an employee. If member and spouse are EBF members, coverage may not be claimed under both plans.

For a detailed outline of eligibility rules, please refer to your Summary Plan Description or visit our website at www.cseaebf.com

I certify that by signing this form that all information I have provided is true and correct.

Member's Signature _____ Date _____