

Transfer-Out Form



Transfer-Out Form

Transfer Coverage from Delta to Guardian

Please return to:
PSC-CUNY Welfare Fund
61 Broadway - 15th Floor
New York, NY 10008
Tel: (212)354-5230 Fax: (212)354-5363

Member Social Security Number

Last Name

First Name

MI

Date of Birth

Gender

Male

Female

Address (Is this a change of Address? Yes No)

Group Number
2502

Group Name

PSC-CUNY Welfare Fund

Member Signature _____

This Form will dis-enroll you from your Delta Care USA program and also serve as an Enrollment form for the Guardian dental plan. Please indicate all eligible dependents to be transferred.

Last Name (If different)

First Name

MI

Gender

Date of Birth

Social Security Number

Spouse

M F

Children

M F

M F

M F

M F

M F

Effective Date:

Sublocation: