J.J. STANIS AND COMPANY, INC 377 OAK STREET, SUITE 406 GARDEN CITY, NY 11530
PHONE: (516) 465-3900 FAX#: (516) 465-3920 WEBSITE: WWW.JJSTANISCO.COM

ENROLLMENT AND CHANGE FORM

VALLEY STREAM TEACHERS ASSOCIATION WELFARE FUND

Type of Coverage: please select each coverage to be enrolled	□ **Dental/Vision Program**	
Select Employer	□ High School District □ UFSD #13 □ UFSD #24 □ UFSD #30	
Select Tier of Coverage	□ Individual Coverage □ Family Coverage	
Select Enrollment Option	□ New Enrollment	□ Enrollment Adjustment
	Hire Date (MM/DD/YYY)	Effective Date:
	Job Title:	Reason for Adjustment:
		□ Name Change (from/to)
		□ Change to Individual/Family Coverage (circle one)
		□ Update Address -see section A to list new address
		□ Update Dependents - see section B to update
		□ Other:

A. Employee Information

Name (Last, First)	Gender □ M □ F	Date of Birth:
Street Address		
City	State	Zip
Social Security No.		Home Phone
Email Address:		Work Phone

B. Dependent Coverage (If more space is needed, attach extra copies)

Spouse/Partner's Name (Last, First)	Other Dental Coverage? Yes or No	Other Carrier Name	Date of Birth	Gender	
				□ M □ F	
Child's Name (Last, First) If more lines are needed, attached extra copies	**Other Dental Coverage? Yes or No**	**Other Carrier Name**	**Date of Birth**	**Gender**	**Disabled Dependent if Yes, please enter 'yes'**
				□ M □ F	
				□ M □ F	
				□ M □ F	
				□ M □ F	
				□ M □ F	
				□ M □ F	

C. Participation/Waiver

□ **Request to Participate**: I hereby request the policyholder to arrange the issuance of group insurance to which I am entitled, or to which I may be entitled, and I authorize my employer to make the periodic deductions from my earnings as my contributions toward the cost of insurance, if applicable.

□ **Waive Coverage**: Reason for Waiving:_____

The information provided above is true and complete to the best of my knowledge and belief.

Employee Signature:_____ **Date:**_____

Employer Representative: _____ **Date:** _____

Do Not Write Below This Line (For J. J. Stanis and Company, Inc. Only)