Spackenkill Teachers' Association Benefit Trust

Member Form (200__ -200__)

Date_____

School: Hagan Nassau Todd High School
(circle one)

Name: _____ (Last) , _____ (First)

Address: _____

_____

Birthdate: _____ Social Security #_____

Home Phone # _____ Type of Coverage: Single

Couple

Family

Spouse/ Domestic Partner: _____

Date of Birth_____ SS#_____

Children	Date of Birth	SS#
1.		
2.		
3.		
4.		
5.		

Medical Ins. _____ Spouse Med. Ins. _____

Signature _____ Date _____
Please Note: It is the member's responsibility to notify the trust of any status changes (ie. marriage,children, etc.).