

HARRISON CENTRAL SCHOOL DISTRICT
CSEA School Unit Benefit Trust

THE CSEA School Unit BENEFITS TRUST FUND IS THE PROVIDER OF THE FOLLOWING BENEFITS:

DENTAL PLAN – Employee contribution required
LONG TERM DISABILITY PROGRAM – no cost
GROUP LIFE INSURANCE PROGRAM – no cost

VISION BENEFIT PLAN – no cost

Please complete the following information as well as select whether you wish to have Dental coverage. All payments will be deducted through payroll.

Name of Employee (print name) **School Building**

Employment Date **Group:** Civil Service [] Managerial Confidential []

Dental option: Yes [] No [] **Plan:** Family (\$200.00) [] Single (\$100.00) []

BENEFITS DATA INFORMATION: (please print)

Name: _____ Birth Date: _____ Social Security No: _____ - _____ - _____

Address: _____

City/Town: _____ State _____ Zip: _____ Home Phone: _____

DEPENDENT DATA: (please print)

Spouse: _____ Birth Date: _____

Spouse's Employer: _____

Does your spouse have dental coverage? [] Yes [] No

If so, with what Dental Plan/Company: _____

List all eligible dependents other than spouse:

	<u>Name</u>	<u>Date of Birth</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Employee: Signature Authorization for Payroll Deduction

Date

TO BE COMPLETED BY A TRUST FUND REPRESENTATIVE

Date of Employment: _____

Enrollment Type: [] New
[] Change
[] Terminate
[] Retire

Effective Date of Enrollment: _____