Senior Supplemental Program Enrollment Form



718 658 4848 x 1282 • fax: 718 526 2879 • iujat.org/u-benefit

Last Name		First Name			Middle Initial	
Full SSN	Telephone Number	Се	II/Mobile Number	e-mail Address		
Street Address/P.O. Box	x # Cit	City		ZIP Code		
/ /	Male / Female	Single	Married	Widowed	Divorced/Separated	
Date of Birth	Sex (circle one)	Maritai Stat	us (circle one)			
Former Employer			Number of Years			
Check Benefit(s) for Enrollment: (choose all that apply)	Medicare Sup					
Application for Membership I hereby apply for membership in the UBenefit Senior Supplemental Program and agree to be bound by the rules and regulations, Constitution and By-Laws of the IUJAT.				For Office U	Jse Only	
X Member Signature Date			Date of Enro	ollment:		



Return completed forms to: IUJAT UBenefit Senior Supplemental Program

138-50 Queens Blvd. Briarwood, NY 11435

Senior Supplemental Program Spouse Enrollment Form



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	First Name			Middle Initial	
Telephone Number	Cel	II/Mobile Number	e-mail Address		
x # City	,	State	ZIP Code		
Male / Female	Single	Married	Widowed	Divorced/Separated	
Sex (circle one)	Maritai Stati		wher of Vegre		
_	•				
Application for Membership I hereby apply for membership in the UBenefit Senior Supplemental Program and agree to be bound by the rules and regulations, Constitution and By-Laws of the IUJAT. X Member Signature Date			For Office U		
	Male / Female Sex (circle one) Medicare Sup General Vision tion for Membersi membership in the UB am and agree to be boundstitution and By-Laws of	Telephone Number Celex # City Male / Female Single Sex (circle one) Marital State Medicare Supplemental Plate General Vision Services (Given by the following program and agree to be bound by the rules is stitution and By-Laws of the IUJAT.	Telephone Number Cell/Mobile Number X # City State Male / Female Single Married Sex (circle one) Marital Status (circle one) Num Medicare Supplemental Plans Hea General Vision Services (GVS) Mag tion for Membership membership in the UBenefit Senior am and agree to be bound by the rules istitution and By-Laws of the IUJAT. Date of Enro	Telephone Number Cell/Mobile Number e-main x # City State ZIP Company X # C	



\$360 \$180 (one year paid in full with your 138-50 Queens Blvd. first 6 months FREE! to: Briarwood, NY 11435

Return completed forms and a check for IUJAT UBenefit Senior Supplemental Program