

# Senior Supplemental Program Enrollment Form

718 658 4848 x 1282 • fax: 718 526 2879 • [iujat.org/u-benefit](http://iujat.org/u-benefit)



\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Full SSN Telephone Number Cell/Mobile Number e-mail Address

\_\_\_\_\_  
Street Address/P.O. Box # City State ZIP Code

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male / Female Single Married Widowed Divorced/Separated  
Date of Birth Sex (circle one) Marital Status (circle one)

\_\_\_\_\_  
Former Employer Number of Years

- Check Benefit(s) for Enrollment:**  
*(choose all that apply)*
- Medicare Supplemental Plans
  - HealthPlex Healthy Smiles Program
  - General Vision Services (GVS)
  - Magellan Rx Discount Card

## 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 Use Only

Date of Enrollment: \_\_\_\_\_



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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Last Name

First Name

Middle Initial

Full SSN

Telephone Number

Cell/Mobile Number

e-mail Address

Street Address/P.O. Box #

City

State

ZIP Code

/ /  
Date of Birth

Male / Female

Sex (circle one)

Single

Married

Marital Status (circle one)

Widowed

Divorced/Separated

Former Employer

Number of Years

**Check Benefit(s)  
for Enrollment:**  
(choose all that  
apply)

Medicare Supplemental Plans

HealthPlex Healthy Smiles Program

General Vision Services (GVS)

Magellan Rx Discount Card

## 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 Use Only

Date of Enrollment: \_\_\_\_\_



Return completed forms and a check for  
**\$360 \$180** (one year paid in full with your  
first 6 months **FREE!** to:

IUJAT UBenefit Senior Supplemental Program  
138-50 Queens Blvd.  
Briarwood, NY 11435