

Transfer-Out Form



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Transfer Coverage from Delta to Guardian

Please return to:  
PSC-CUNY Welfare Fund  
61 Broadway - 15th Floor  
New York, NY 10006  
Tel: (212)354-5230 Fax: (212)354-5363

To confirm receipt of this form by the Welfare Fund, please provide an email address:

Member Social Security Number

Last Name

First Name

MI

Date of Birth

Gender

Male

Female

Address (Is this a change of Address?  Yes  No )

Group Number

2502

Group Name

PSC-CUNY Welfare Fund

Member Signature \_\_\_\_\_

This Form will dis-enroll you from your Delta Care USA program and also serve as an Enrollment form for the Guardian dental plan. Please indicate all eligible dependents to be transferred.

Last Name (If different)	First Name	MI	Gender	Date of Birth	Social Security Number
Spouse			M F		
Children			M F		
			M F		
			M F		
			M F		
			M F		
			M F		

Effective Date:

Sublocation: