

# Upstate New York Engineers Health Fund

International Union of Operating Engineers

Local Unions 17, 158

101 Intrepid Lane, P.O. Box 100 –Colvin Station  
Syracuse, New York 13205-0100

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## EXPEDITED ELIGIBILITY ELECTION FORM

**Must be completed and received by the Fund Office within 10 days of Date of Hire**

Name		Employer Name & Date of Hire		Social Security Number	
Street Address			City		State
Zip Code	Local/District #		D.O.B.	Daytime phone #	

In order to elect to enroll in Upstate New York Engineers Health Fund ("Fund") coverage effective on your date of hire under this expedited eligibility option, you must meet certain criteria. **By signing this election form, I hereby certify that I meet the following requirements:**

1. I have been enrolled in coverage under another group health plan immediately preceding my date of hire with the Employer (please provide a letter or other documentation from your former employer or insurer confirming the termination of your coverage and the date of termination);
2. I lost eligibility under such other group health plan because of my termination of other employment and I have no current eligibility to enroll in other group health coverage. I understand that, if I am eligible for coverage under any other group health plan for any reason (e.g., through my spouse's employment or through concurrent employment with another employer) I am not eligible for this expedited eligibility option; and
3. I have not ever been previously covered as a Participant in the Fund.

I understand that I must return this election form by mail; e-mail, [instanteligibility@ejbf.com](mailto:instanteligibility@ejbf.com) ; fax, (315) 469-3599; or hand delivery to the Fund Office; and it must be received within 10 days of my date of hire to be eligible for expedited eligibility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date