



Date: _____

Dear: _____

We recently received a request to remove a dependent from your coverage under the CSEA Employee Benefit Fund. Before we can amend your enrollment record, we require a signed statement from you. Please complete the form below and return it to the Fund in the envelope provided. **If this request is to remove your spouse, you must provide a copy of divorce/separation papers or a letter from an attorney indicating that you are legally divorced or separated.**

Your prompt response will insure that your benefit records are accurate so that claims can be processed without delay.

Thank you for your cooperation.

CSEA Employee Benefit Fund
Enrollment Unit, P.O. Box 516
Latham, NY 12110-0516

EMPLOYEE INFORMATION:

Name: _____

Address: _____

Social Security No: _____/_____/_____

DEPENDENT TO BE REMOVED

Name: _____

Address: _____

Relationship to Employee: _____

Ineligible because (divorce, death, etc.): _____

Date Dependent became ineligible: _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

Employee Signature

DATE

