

Transfer-Out Form



Transfer-Out Form

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

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

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.

Member Signature _____

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

Effective Date:

Sublocation: