



PSC-CUNY WELFARE FUND
STUDENT ENROLLMENT CARD
 PLEASE PRINT IN INK



STUDENT INFORMATION			
STUDENT'S LAST NAME, FIRST, MIDDLE			STUDENT'S SOCIAL SECURITY NO.
HOME ADDRESS (NO. AND STREET, CITY, STATE)		ZIP CODE 	DATE OF BIRTH MO. DAY. YR. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MARITAL STATUS	COLLEGE ENROLLMENT DATE	ANTICIPATED DATE OF GRADUATION MO. YR.	
NAME OF SCHOOL ATTENDING			
ADDRESS OF SCHOOL			
PARENT INFORMATION			
PARENT'S LAST NAME, FIRST, MIDDLE			PARENT'S SOCIAL SECURITY NO.
PARENT'S STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> ON LEAVE <input type="checkbox"/> RETIRED		PARENT'S HEALTH PLAN <input type="checkbox"/> 262 <input type="checkbox"/> GHI-CBP CATEGORY: <input type="checkbox"/> 272 <input type="checkbox"/> HIP <input type="checkbox"/> OTHER (SPECIFY):	
PAYROLL TITLE		COLLEGE	