New Haven Unified School District
Health and Welfare Benefit Trust
Application

☐ STRS Retirement ☐ PERS Retirement

Name: ____

Address: ____

City, State and Zip Code: ____

Telephone Number: ____

Effective Date of Retirement: ____

Spouse/Domestic Partner Name: ____

____ I **do** plan to participate in the New Haven Health Benefit Plan Trust.

DISTRICT PLANS:
___ Single
___ 2-Party
___ Family

MEDICAL PLANS:
___ Kaiser
___ HealthNet

NON-DISTRICT PLAN:

Plan Name: ______________________________ Premium Amount:__________________

Spouse/Domestic Partner Plan Name: ____

Premium for Retired Employee: ____

____ I **do not** plan to participate in the New Haven Health Benefit Plan Trust at this time.

Sometimes it is difficult for NHUSD to locate retirees who have relocated and have not submitted an Address Change with the District. Therefore, please provide an alternate address so that we can ensure that mail that is returned to the district gets forwarded to you as soon as possible through your alternate address.

Alternate Address (i.e. relative, friend, etc.)

Name: ____

Address: ____

City, State, Zip Code: ____

Telephone: ____

DISTRICT USE ONLY:

Date of Hire: __________________________

_____Eligible for Trust _____Not Eligible for Trust $____________Trust Benefit Amount per month

____ __________________________

Authorized Signature *Date*