

125 Barclay Street
New York, N.Y. 10007-2179
Telephone: (212) 815-1234

**Health &
DC37 Security
Plan**

PID _____

**Termination Form for
DC 37 Health & Security Plan Benefits for Your
Dependent(s) (between ages 19 – 26)**

Section A: Member/Retiree Information: (To be completed by member/retiree)

Name: _____ / _____ / _____
(Last) (First) (Mi)

Member/Retiree PID Number: _____ (OR) Social Security Number: _____ / _____ / _____

If still employed Agency/Department where you work: _____ Work Phone # _____ / _____ / _____

Home Address: _____ Apt# _____ City: _____ State: _____ Zip: _____

Home Phone# _____ / _____ / _____ Cell Phone # _____ / _____ / _____

Home E-Mail Address (Optional) _____

Section B: Dependent Information (To be completed by member/retiree)

Dependent's Name: _____ / _____ / _____ Male: Female
(Last) (First) (Mi)

Dependent's Social Security Number: _____ / _____ / _____ Date of Birth: _____ / _____ / _____
(Mo) (Day) (Year)

Home Address: (If different from Parent): Address: _____ Apt# _____

City: _____ State: _____ Zip: _____ Home Phone # _____ / _____ / _____

Cell Phone # _____ / _____ / _____ Home E-Mail Address (Optional) _____

Indicate the effective date to terminate your dependent: Date _____

Member/Retiree Signature:

Date:

**Return this completed form to
DC 37 Health and Security Plan, 125 Barclay Street, Room 811**