

ORGANIZATION OF STAFF ANALYSTS WELFARE FUND VITAL DATA SHEET

Member's Name	Social Security No.
Street Address	City/State/Zip
Office Phone No.	Home Phone No.
	Cell Phone No.
Date of Birth	Work Email
	Personal Email

Emergency Contact	Emergency Contact's Phone No.
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Member's Medical Coverage (if GHI indicate type)	Previous Welfare Fund, If Any:
<i>Please enclose a copy of current basic health card.</i>	

DEPENDENT INFORMATION (Please enclose copies of birth certificates and marriage license)

Spouse or Domestic Partner Name	Birthdate	Social Security No.
Spouse's Medical Coverage (if GHI indicate type)	Please enclose copy of Spouse's current basic health card.	
Child's Name	Birthdate	Social Security No.
Child's Name	Birthdate	Social Security No.
Child's Name	Birthdate	Social Security No.
Child's Name	Birthdate	Social Security No.

NOTE: If you have a dependent child aged 19 or older and you wish to maintain Welfare Fund coverage for him/her (under federal law to age 26 or state law to age 30), please read the information about the Young Adult Dependent options. Forms and information can also be downloaded from the "Welfare Fund Forms" page in the "Member Services" section of the OSA website at www.osaunion.org.

Signature	Date
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