



Please print, complete, and mail, fax, or email this form to the Board of Pensions.

Applicant

Plan member with coverage in, at minimum, the Medical Plan

Name _____ SSN (last 4 digits) _____

Home address _____

City _____ State _____ ZIP _____

Phone () _____ Email _____

Employer

Name _____

Position _____

Address _____

City _____ State _____ ZIP _____

Phone () _____ PIN _____

Spouse

Spouse's name _____

Is your spouse a member of the Board of Pensions Medical Plan? Yes No

If yes, what is the name and address of the employer?

Name _____

Position _____

Address _____

City _____ State _____ ZIP _____

Phone () _____ PIN _____

Dependent Child

Full-time, first-year college freshman

Name _____

Address _____

City _____ State _____ ZIP _____

Phone () _____ Date of birth _____

Name of college _____ Effective date of college enrollment _____

* This application form and the requirements for its completion will be valid only for the 2018-2019 academic year.



Requirements

Please attach (applications will not be processed without this information):

1. A copy of plan member and spouse (if filing separately) IRS Form 1040 (pages 1 and 2), Form 1040A (pages 1 and 2), or Form 1040EZ.
2. Proof of dependent child's enrollment as a full-time, first-year freshman at an accredited college or university, which includes, but is not limited to, any of the following documents:
 - a letter from the college or university registrar giving your child's name, class (or anticipated date of graduation), and confirmation of his/her full-time student status;
 - a schedule of classes for which your child has registered showing a full-time course load and freshman-level classes; or
 - an itemized, receipted tuition bill showing your child's name, class (or anticipated date of graduation), full-time tuition, and/or housing and meal expenses.

A college's letter of acceptance is not considered proof of enrollment.

College Financial Information

Estimated total annual cost:

Tuition	\$
Room and board	\$
Other expenses	\$
Scholarships/grants received	\$

Does the student plan to use educational loans? Yes No

Do the parents plan to use educational loans? Yes No

How much money do you expect to borrow over four years?

Student	\$
Parents	\$

Other Dependent Children

Name	Date of birth
Name	Date of birth
Name	Date of birth
Name	Date of birth

Applicant's signature _____ Date (mm/dd/yyyy) _____