



Instructions

Life and Disability Enrollment Form

You can NOW complete our Life and Disability Enrollment Forms on-line. Simply click on the Enrollment Form tab and fill in the **high-lighted** areas. Print, sign and email to customerservice@bcnys.org, fax or US mail to the Insurance Fund.

Group Number (four digit identification number with the Business Council)

Employer Name

Date of Hire for enrolling employee

Employee Name

Gender

DOB

SS#

Annual Salary –only if benefit is based on annual earnings

Applicable coverage

Beneficiary Designation – NOTE: This portion of the enrollment form is NOT necessary for Disability coverage.

List of Dependents – if applicable

Employee Signature and Date

Employer Representative Signature and Date

All completed information can be emailed to customerservice@bcnys.org, faxed or US mail to The Business Council Insurance Fund.

Adding an employee to your Life/Disability Insurance Program:

Employee must complete, sign and date an Enrollment Form.

All eligible employees must be insured for coverage(s) that is non-contributory.

Terminating an employee from your insurance program(s):

Provide Group Number, employee name, SS#, and last date of employment.

Terminating an existing line of coverage from an employee:

Provide Group Number, employee name, SS#, line of coverage and cancellation date.

Reporting status changes on existing employees:

Provide Group Number:

Salary Adjustments:

Employee name, SS#, new salary, effective date

Additional Status Changes:

Employee name, SS#, type of change and effective date

Changing an employee's beneficiary designation.

Employee must complete, sign and date a Beneficiary Designation