

Manhasset Benefits Trust Enrollment

In order to register dependents, fill out the form below completely. Completed forms can be emailed to: manhassettrust@dhcook.com or faxed to (646) 381-8853.

FORMS WITH SOCIAL SECURITY NUMBERS SHOULD NOT BE EMAILED. Existing members should use their ID number provided by Cook Associates.

Last Name: _____ First Name: _____ Initial: _____

Address: _____ Town: _____

State: _____ Zip Code: _____

School Building: _____

D.O.B: _____ Member ID : _____ (Social Security if new hire)

Home Phone: _____ Cell Phone: _____

Marital Status: _____

List of Dependents

<u>Name</u>	<u>Relationship</u>	<u>Gender</u>	<u>DOB</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Member: _____