



**WELFARE FUND**

52 Broadway  
New York, NY 10004

# Child Care Coverage Request Form

**Members on an approved Child Care Leave who are currently covered by the UFT Welfare Fund, on or after April 1, 2013, will be eligible to receive extended UFT Welfare Fund Benefits for up to a maximum of six (6) consecutive months.**

**Natural Childbirth:** To be eligible, your child must be less than 1 year of age, and your Child Care Leave must begin within one (1) year of the birth.

**Adoption of a Child:** To be eligible, your child must be less than 5 years of age, and your Child Care Leave must begin within one (1) year of the adoption.

**This coverage is available one time per birth/adoption, per family unit.**

Member's Welfare Fund ID#

Or Social Security #: \_\_\_\_\_

Member's Name: \_\_\_\_\_

Member's Address: \_\_\_\_\_

Member's City, State and Zip: \_\_\_\_\_

Member's Telephone #: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Birth of Child: \_\_\_\_\_

For adoptions, please check here:

**PLEASE ENCLOSE A COPY OF YOUR APPROVED LEAVE OF ABSENCE FOR CHILD CARE.**

**\*PLEASE NOTE:** If you have not already done so, you must complete a UFT Welfare Fund Change of Status Form to add your child to your Welfare Fund coverage. This form is available online at: [www.uftwf.org](http://www.uftwf.org). Paper copies are also available from the Welfare Fund office or your Chapter Leader.

**DECLARATION:** To the best of my knowledge, the above information is true and correct. In the event there is an overpayment of benefits paid on my behalf, I am obligated to refund said overpayment to the Fund immediately.

Signature of Member: \_\_\_\_\_

Date: \_\_\_\_\_

