

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.
Job Title	Agency		
Start Date in OSA-Represented Title	Date of Birth	Email Address	

Emergency Contact	Emergency Contact's Phone No.
--------------------------	--------------------------------------

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's 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 two Young Adult Dependent options for continued Welfare Fund coverage included in the informational packet that accompanied this form. 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. The applicable form must be completed and returned, along with a copy of the child's birth certificate, as well as this Vita Data Sheet.

Signature	Date
------------------	-------------