

CST Benefit Fund

2 CRIMSON WAY STE. 1
PLATTSBURGH, N.Y. 12901
(800) 269-3723
(518) 561-2937



Membership Application and Payroll Deduction Authorization For CST Benefit Fund

<i>Last Name</i>	<i>First Name</i>	<i>Initial</i>	
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Phone</i>	<i>E-Mail Address</i>		
<i>Facility</i>	<i>NYS Emplid</i>	<i>AGY Code</i>	
<i>D.O.B</i>	<i>Soc. Sec. No.</i>	\$4.00 <i>Biweekly Amt.</i>	339 <i>Code</i>

Beneficiary - Full Name and Relationship to Proposed Insured

<i>Primary</i>	<i>Relationship</i>	<i>Contingent (if any)</i>	<i>Relationship</i>

Note: A member will be ineligible if: A) a member is absent without leave as determined by the trustees, B) the member is terminated from State employment, C) convicted of a crime, or D) the accident, illness, or incident is preexisting, that is, prior to the effective date of membership.

TO THE STATE COMPTROLLER: PURSUANT TO SECTION 6A OF THE STATE FINANCE LAW, I AUTHORIZE YOU TO DEDUCT FROM EACH OF MY BIWEEKLY SALARY CHECKS THE DEDUCTION AMOUNT SHOWN. YOU ARE FURTHER AUTHORIZED TO MAKE CHANGES IN MY DEDUCTIONS IF NECESSARY BECAUSE OF CHANGES IN MY RATES OR TYPES OF COVERAGE. I UNDERSTAND THAT THIS AUTHORIZATION MAY BE REVOKED AT ANY TIME BY WRITTEN NOTICE TO YOU.

<i>Date</i>	<i>Employee Signature</i>
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PLATTSBURGH, NY 12901-9887
 2 CRIMSON WAY STE. 1
CST BENEFIT FUND

POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL
 FIRST CLASS MAIL PERMIT NO. 21 PLATTSBURGH, NY



NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES



CST Membership Application

This is your invitation to become a member of the CST Benefit Fund. CST is a nonprofit voluntary employee benefit fund established, controlled, and funded by employees of the NYS Department of Corrections.

The primary purpose of CST is to insure members continued coverage and protection of their health care benefit during times when: 1) a member's income is suspended for reasons other than termination of employment by the State of New York; 2) a member has used all accrued leave time (vacation, sick, personal, etc.) and is unable to return to work, pursuant to the rules & regulations of the trust.

Benefit amount will equal monthly family health insurance premium.

Example: current benefit is: \$1,943.26 per month. Additionally, a \$3,000.00 death benefit that doubles if death is accidental. We offer continued membership after retirement. As of April 2018, we have paid back to our members \$1,000,000.00 in claim payments when they needed it most.

As an employee of the NYSDOCCS or a NYSCOPBA member, you are eligible to become a member of CST Benefit Fund. Membership is \$4.00 per pay period.

To become a member simply complete the application on the reverse side, fold, and mail to CST Benefit Fund.

For more information or answers to your questions, write or call CST Benefit Fund at the following address or number:



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 Plattsburgh, NY 12901
 518-561-2937
 800-269-3723
 Website: www.cstbf.com
 Email: cstbf@yahoo.com