

NYSIF New York State Insurance Fund

Date: _____

Re: (Policy Number) _____
(Application for Insurance)

Applicant's Name _____

I am a bonafide member of The Social and Health Services Group of New York.
and desire to have my insurance placed in

Safety Group No. 585.

I agree to abide by all rules and regulations governing the conduct of such Group and authorize
Friedlander Group, Inc.

to act as my representative in all matters with the New York State Insurance Fund.

Name (Please Print)
(Applicant)

Signed - Title
(Applicant)

To Be Completed By Group Manager:

Re: (Policy Number) _____
(Application for Insurance)

This assured is a bonafide member of The Social and Health Services Group of New
York and is acceptable as a member of

Safety Group No. 585.

Signed - Title
(Group Manager)

Date: _____