



1199SEIU Benefit and Pension Funds

Yes, I want to become an 1199SEIU MEMBER CHOICE Participating Provider

Provider Please send me information so I can become an 1199SEIU Member Choice Program Participating Provider

Member I want the Fund to contact my doctor so he or she can be an 1199SEIU Member Choice Program Director

Provider's Name

Last: _____ First: _____

Office Address _____

City: _____ County: _____ State: _____ Zip: _____

Office Telephone: () _____ - _____ Fax: () _____ - _____

Office Contact: _____

Provider Specialty: _____

Board Status: _____

National Provider Identifier (NPI): _____

Hospital Affiliation: _____

Member's Name

Last: _____ First: _____

Institution _____

Member's Telephone # () _____ - _____

Please send completed form to: 1199SEIU Benefit and Pension Funds
Attn: Provider Relations Department
330 West 42nd Street
New York, NY 10036
Fax: (646) 473-7213