



Employee Information				
Social Security Number	Date of Birth	Gender	Coverage	
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental <input type="checkbox"/> Vision
Last Name		First Name		MI
Home Address				
City		State	Zip Code	
Home Phone	Work Phone	E-mail		
Mailing Address (if different from home):				

Employer Use Only			
Employer (Company Name)		Contact person and phone #	
Effective Date	<input type="checkbox"/> New Hire <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Add Spouse/Dependent Child <input type="checkbox"/> Change Address <input type="checkbox"/> Employee Termination <input type="checkbox"/> Drop Spouse/Dependent Child	COBRA Effective Date	
Date of Hire		<input type="checkbox"/> Initial Enrollment <input type="checkbox"/> COBRA Continuation <input type="checkbox"/> 18 months <input type="checkbox"/> 36 months	

List below: All dependents covered by this enrollment. Only your spouse and eligible unmarried dependents may be included.							
Social Security Number	Last Name	First Name	MI	Relationship	Date of Birth	Gender	FT Student
						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N

I represent that the above information is true and I hereby authorize payroll deductions from my earnings for any contributions or fees as may be required to maintain my eligibility.

Signature: _____ Date: _____