TO BE COMPLETED BY EMPLOYER	
DATE OF HIRE	EFFECTIVE DATE
LOCATION #	LOCATION NAME

BENEFIT ENROLLMENT APPLICATION

NAME (LAST, FIRST, MIDDLE INITIAL)			DATE OF BIRTH
ADDRESS			
CITY		STATE	ZIP
SEX ☐ M ☐ F	MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ LEGALLY SEPARATED ☐ WIDOWED	SOCIAL SECURITY NO.	

COMPANY NAME	GROUP NO.

☐ NEW ENROLLMENT	☐ REHIRE	☐ MARRIAGE	☐ UNPAID LEAVE OF ABSENCE
☐ OPEN ENROLLMENT	☐ ADDRESS CHANGE	☐ CHANGE NAME	☐ DEPENDENT DEATH
☐ ADD NEWBORN	☐ ADD CHILD PER COURT ORDER	☐ RETIREMENT	☐ CHANGE IN EMPLOYMENT STATUS
☐ REMOVE DEPENDENT (Reason) ____________________________		☐ OTHER ____	

LEVEL OF COVERAGE: MEDICAL	☐ EE ONLY	☐ EE/SPOUSE	☐ EE/CHILD	☐ EE/CHILDREN	☐ FAMILY
LEVEL OF COVERAGE: DENTAL	☐ EE ONLY	☐ EE/SPOUSE	☐ EE/CHILD	☐ EE/CHILDREN	☐ FAMILY
LEVEL OF COVERAGE: VISION	☐ EE ONLY	☐ EE/SPOUSE	☐ EE/CHILD	☐ EE/CHILDREN	☐ FAMILY

DEPENDENT'S NAME	SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	RELATIONSHIP			
				SPOUSE	SON	DGTR	OTHER

NOTE: IF THE LAST NAME OF ANY DEPENDENT IS DIFFERENT FROM YOURS, PLEASE EXPLAIN RELATIONSHIP:

OTHER INSURANCE: **Are you or any of your eligible dependents covered by any other Medical plan? YES _____ NO**
If yes, please provide other Medical plan information.

Name of Insured	Effective Date	Insurance Company	Group or Policy Number

MEDICARE INSURANCE: Are you or any of your eligible dependents covered by Medicare? _____YES _____ NO
If yes, please provide Medicare information.

Name of Insured	Effective Date Part A & B	Medicare Claim Number	Reason: Age or Disabled or ESRD

I AUTHORIZE MY EMPLOYER TO DEDUCT THE APPROPRIATE CONTRIBUTION FROM MY PRE-TAX EARNINGS, IF APPLICABLE. I UNDERSTAND BY COMPLETING AND SIGNING THIS ELECTION FORM, I AM MAKING A BINDING ELECTION FOR THE PLAN YEAR UNLESS I HAVE A QUALIFIED FAMILY STATUS CHANGE DURING THE PLAN YEAR.

SIGNATURE: ____ DATE: ________________________________

EMAIL: ____ PHONE: _______________________________

I WISH TO WAIVE COVERAGE AT THIS TIME.

PLEASE NOTE YOU MAY NOT CHANGE BENEFIT ELECTIONS UNTIL THE NEXT OPEN ENROLLMENT UNLESS YOU HAVE A QUALIFYING EVENT IN EMPLOYMENT OR FAMILY STATUS.

SIGNATURE: ____ DATE: ________________________________