

EMPLOYEE ENROLL/CHANGE/WAIVE FORM

Enrollment Type*: New Hire Open Enrollment Qualifying Event (Event Date: _____)
 Qualifying Event: Loss of Coverage Marriage New Dependent Child Move to Full-Time Other (Detail Below)
 Other Qualifying Event Details: _____
 Employer Name*: _____

PLAN SELECTIONS (MEDICAL, VISION & VOLUNTARY LIFE PLANS ARE OFFERED SEPARATELY – ENROLL IN 1, 2 OR ALL 3)

Medical Plan Selection*: Option 1 Option 2 Option 3 Option 4 Waive Medical
 Medical Enrollment Tier: Emp Only Emp + Spouse Emp + Child(ren) Family
Employees enrolled in the medical plan automatically receive \$15,000 in basic life insurance for \$3 per month. Coverage is mandatory and cannot be waived. Additional life coverage available below.

Dental Plan Selection*: Option 1 Waive Dental
 Dental Enrollment Tier: Emp Only Emp + Spouse Emp + Child(ren) Family

Vision Plan Selection*: Option 1 Waive Vision
 Vision Enrollment Tier: Emp Only Emp + Spouse Emp + Child(ren) Family

Voluntary Life Selection*: Emp Only Emp + Spouse Emp + Child(ren) Family Waive Voluntary Life
 Life Coverage Amount (e.g. \$25,000): Emp \$_____ Spouse \$_____ Child(ren) \$_____
Coverage is offered in addition to the basic life insurance. Refer to life addendum for coverage limits and restrictions.

EMPLOYEE INFORMATION

Name (First, Middle, Last, Suffix)*: _____
 SSN*: _____ Date of Birth*: _____ Gender*: _____ Marital Status: _____
 Date of Hire*: _____ Average Hours Worked Per Week*: _____
 Home Address (Street)*: _____
 City*: _____ State*: _____ Zip*: _____
 Phone: _____ Email: _____
 Signature*: _____ Date*: _____

ENROLLING DEPENDENTS (ONLY DEPENDENTS LISTED BELOW WILL BE INCLUDED IN ENROLLMENT)

Spouse Name (First, Middle, Last, Suffix): _____
 SSN: _____ Date of Birth: _____ Gender: _____
 Child 1 Name (First, Middle, Last, Suffix): _____
 SSN: _____ Date of Birth: _____ Gender: _____
 Child 2 Name (First, Middle, Last, Suffix): _____
 SSN: _____ Date of Birth: _____ Gender: _____
 Child 3 Name (First, Middle, Last, Suffix): _____
 SSN: _____ Date of Birth: _____ Gender: _____