

		<b>EMPLOYMENT STATUS</b>		<b>EFFECTIVE DATE OF COVERAGE/CHANGE</b>	
		<input type="checkbox"/> Active Employee <input type="checkbox"/> Elected Official <input type="checkbox"/> COBRA			
<b>SOC. SEC. #</b>		<b>EMPLOYEE'S LAST NAME</b>		<b>MIDDLE INITIAL</b>	
<b>MAILING ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>HOME PHONE NUMBER</b>

<b>MARITAL STATUS</b>	<b>GENDER</b>	<b>DATE OF BIRTH</b>	<b>DATE OF FULL TIME HIRE</b>	<b>HOURS WORKED PER WEEK (ACTIVE EMPLOYEES ONLY)</b>
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DOMESTIC PARTNER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MONTH DAY YEAR	MONTH DAY YEAR	

**COVERAGE OPTIONS**

**MEDICAL - EPO** (Dependent children are eligible up to age 26\*)     Employee     Emp + Family     Waive Coverage\*\*

**MEDICAL - PPO** (Dependent children are eligible up to age 26\*)     Employee     Emp + Family     Waive Coverage\*\*

**MEDICAL - HDHP** (Dependent children are eligible up to age 26\*)     Employee     Emp + Family     Waive Coverage\*\*

**ENROLL IN HSA?**     Yes     No (If yes, please complete separate forms available from Human Resources)  
(Only available for those enrolling in the HDHP)

**DENTAL** (Dependent children are eligible up to age 26)     Employee     Emp + Spouse     Emp + Child(ren)     Emp + Family     Waive Coverage\*\*

**VISION** (Dependent children are eligible up to age 26)     Employee     Emp + Spouse     Emp + Child(ren)     Emp + Family     Waive Coverage\*\*

\*NOTE: Eligible children include natural, step, adopted, or children for which you have legal guardianship. Please refer to your current Summary Plan Document for full eligibility requirements.

\*\*Employees waiving coverage must complete the Waiver of Coverage located on Page 2 of this Benefit Enrollment/Change Form

**IMPORTANT: YOU MUST FULLY COMPLETE THE FOLLOWING IF SPOUSE/DOMESTIC PARTNER AND/OR DEPENDENT COVERAGE IS BEING REQUESTED**

ADD	DEL	NAME	DATE OF BIRTH	SOCIAL SECURITY # (REQUIRED)	RELATION	PLAN
						<input type="checkbox"/> Med <input type="checkbox"/> Dental <input type="checkbox"/> Vision
						<input type="checkbox"/> Med <input type="checkbox"/> Dental <input type="checkbox"/> Vision
						<input type="checkbox"/> Med <input type="checkbox"/> Dental <input type="checkbox"/> Vision
						<input type="checkbox"/> Med <input type="checkbox"/> Dental <input type="checkbox"/> Vision

