

Group No. \_\_\_\_\_  
 Contract Type \_\_\_\_\_  
 Effective Date \_\_\_\_\_

### Check One

- New Enrollment
- Name Change
- Facility Change\*
- COBRA
- New Social Security Number/  
Employee ID Number
- Address Change
- Add Dependent
- Remove Dependent

Indicate effective date of change:  
 \*(Does not pertain to facility change)

\_\_\_\_ (Month) \_\_\_\_ (Day) \_\_\_\_ (Year)

### COBRA Enrollment Only

Please indicate qualifying event:

- Termination
- Divorce
- Widowed
- Overage Dependent
- Surviving Dependent

Indicate qualifying date:

\_\_\_\_ (Month) \_\_\_\_ (Day) \_\_\_\_ (Year)

### Primary Enrollee Information

VERY IMPORTANT - PLEASE PRINT LEGIBLY (Please leave one blank box between each word)

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.)

Mailing Address: \_\_\_\_\_ (Street Address)  
 \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) Non-binary  Home  
 Male  Phone #: (\_\_\_\_) \_\_\_\_\_  
 Female

Name of Employer/Group: \_\_\_\_\_

Location: \_\_\_\_\_

Soc. Security #: \_\_\_\_\_ Employee Identification #: \_\_\_\_\_

Contract Facility Name: \_\_\_\_\_ Contract Facility #: \_\_\_\_\_

### Dependent Information

VERY IMPORTANT - PLEASE PRINT LEGIBLY (To add additional dependents, please attach a separate sheet.) Note: You may choose up to three separate offices for yourself and all dependent enrollees.

PLEASE LIST ELIGIBLE DEPENDENTS TO BE COVERED IN ADDITION TO YOURSELF

Relationship Code*	Dependent Name	Non-binary/ Male/ Female (Check One) N M F	Date of Birth (Month) (Day) (Year)	Contract Facility Name	Contract Facility #:
____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	____   ____   ____	_____	_____
____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	____   ____   ____	_____	_____
____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	____   ____   ____	_____	_____
____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	____   ____   ____	_____	_____
____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	____   ____   ____	_____	_____
____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	____   ____   ____	_____	_____
____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	____   ____   ____	_____	_____

\*Relationship Codes: Place the following two character code in the first column to designate each dependent as follows:

Spouse - SP Domestic Partner - DP Child - CH Child of DP - CD Other Adult - OA Other Child - OC

Signature of Primary Enrollee \_\_\_\_\_

Date \_\_\_\_\_