

# 2018 - Enrollment/Change/Termination Form

GROUP NUMBER: 12103137/DIVISION NUMBER: 0001



*Please Print*

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**Effective Date:** \_\_\_\_\_

*Please Select One:*

- Enrollment (initial eligibility, qualifying event, or Open Enrollment)
- Change (addition or deletion of dependents)
- Termination (cancellation of coverage)

*Coverage Level/Please Select Tier:*

- EMPLOYEE ONLY \$ 16.61 / MONTH
- EMPLOYEE + SPOUSE \$ 27.00 / MONTH
- EMPLOYEE + CHILD (REN) \$ 26.44 / MONTH
- EMPLOYEE + FAMILY \$ 41.06 / MONTH

*Employee Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_