

DEPENDENT ENROLLMENT/APPLICATION FORM

EMPLOYEE INFORMATION

Please Note: Benefits will not be processed if this form is incomplete

Name	Address	Home Telephone#	Cell #
Social Security #		Work Location	Work #

HEALTH COVERAGE PLANS

(select plan choice and coverage type below)

REFUSING HEALTH COVERAGE

BLUE CROSS BLUE SHIELD	<input type="checkbox"/>	Comprehensive PPO	<input type="checkbox"/>	Blue Care	<input type="checkbox"/>	Basic	<input type="checkbox"/>	First State	<input type="checkbox"/>
COVENTRY HEALTHCARE	<input type="checkbox"/>	COVERAGE TYPE:	<input type="checkbox"/>	Employee	<input type="checkbox"/>	Employee & Spouse	<input type="checkbox"/>	Employee & Child (ren)	<input type="checkbox"/>

ENROLLMENT INFORMATION

List dependents (including SELF & spouse) and benefit plan code selections below

Dependent's/ Name	Dependent's Social Security #	Birth Date	Plan Code <small>M=State Medical & Prescription D=Dental V=Vision P= District Prescription</small>	Primary Care Name For Coventry	Primary Physician's ID # for Blue Care	Relation <small>Sp=Spouse D = Daughter S= Don</small>	Full Time Student	Disabled
SELF			M D V P				<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"/>

DENTAL ENROLLMENT

(select plan choice)

PLAN A
 PLAN B
 PLAN C

Medical Dependent Coverage ends:

End of Calendar year age 21 is reached or for full-time students end of month 24 is reached or graduation

Dental & Vision Dependent Coverage ends:

End of calendar year 19 is reached or for full-time students end of month age 23 is reached or graduation

Medco State Prescription Coverage ends:

End of calendar year age 21 is reached or for full-time students end of month 24 is reached or graduation

Aetna Supplemental Prescription Coverage ends:

End of plan year 19 is reached, regardless of student status

Employee Signature

Date

Employee ID# _____ (Internal use only)