

Employer

1. Employee Information

 Female Male

Employee Name (First, Middle Initial, Last)

 - - - - - -

Date of Birth

Hire Date

Social Security Number

 - -

Address

Phone

City

State

Zip

2. Covered Family Members

Spouse Name (First, Middle Initial, Last)

 - - - -

Date of Birth

Social Security Number

 - -

Address (If different from above)

Phone

City

State

Zip

Children(s) Name(s) (Please attach sheet for additional dependents.)

Dependent(s) Name	Relationship	Social Security Number	Date of Birth

3. Employer Representative Authorization

 Employer Representative Date Phone