

Health \ Dental Insurance Enrollment and Change Form

New Hire	<input type="checkbox"/>
Change of Name	<input type="checkbox"/>
Change of Address	<input type="checkbox"/>
Life Event	<input type="checkbox"/>
Open Enrollment	<input type="checkbox"/>
Termination	<input type="checkbox"/>

GROUP EMPLOYER Sprague Board of Education

EMPLOYEE (Last, First)

EMPLOYEE Street Address

City, State & Zip

DATE OF HIRE **HOME PHONE**

EFFECTIVE DATE

COVERAGE ELECTIONS	MEDICAL	DENTAL
EE	<input type="checkbox"/>	<input type="checkbox"/>
EE+1	<input type="checkbox"/>	<input type="checkbox"/>
EF	<input type="checkbox"/>	<input type="checkbox"/>
WAIVER	<input type="checkbox"/>	<input type="checkbox"/>
COBRA	<input type="checkbox"/>	<input type="checkbox"/>

	NAME Last, First	DATE OF BIRTH	SOCIAL SECURITY #	Add/Term
EMPLOYEE				
DEPENDENT (Spouse)				
DEPENDENT (Child)				
DEPENDENT (Child)				
DEPENDENT (Child)				
DEPENDENT (Child)				
DEPENDENT (Child)				
DEPENDENT (Child)				

MEDICARE ELIGIBLE		
COVERAGE ELECTIONS	MEDICAL	DENTAL
	<input type="checkbox"/>	<input type="checkbox"/>
Part A	<input type="checkbox"/>	Part B <input type="checkbox"/>

EMPLOYEE SIGNATURE

DATE