

•	ck all that apply): Add	Dental Update	Vision
Employee Info	ormation (as appe	ears on payroll)	
First Name		M.I.	Last Name
Street Address			
City		State Zip	Phone Number
		_ M / F	
Social Security #	Date of Birth	Gender (Circle One	e) Email Address
Spouse Inforn	nation		
Enroll in (check all t	that apply): Dent	al Vision	
First Name		M.I.	Last Name
/ /		M / F	
Date of Birth	Social Security #	Gender (Circle One)	
Dependent In	formation		
Enroll in (check all t	that apply): Dent	al Vision	
First Name		M.I.	Last Name
		M / F	
Date of Birth	Social Security #	Gender (Circle One)	
First Name		M.I.	Last Name
/ /		M / F	
Date of Birth	Social Security #	Gender (Circle One)	
**Use additional	sheets to add more de	pendents	
I authorize anv pa	yroll deduction that m	ay be required towards	the cost of this coverage. I certify that the information
			stand that my election cannot be changed during the
			ion change is consistent with the family status change.
Signature of Enrollee			Date: