



# BENEFITS ENROLLMENT AND CHANGE FORM

NEW HIRE       PT to FT      Effective Date \_\_\_\_\_

## EMPLOYEE INFORMATION

CHANGE Reason: \_\_\_\_\_

First Name	MI	Last Name	SSN	Date of Hire
Street Address			City/State/Zip	Date of Birth
Entity	Department	Division	Email	Home Phone

## MEDICAL, DENTAL, VISION ELECTIONS

	Aetna Select	Aetna POS II	Dental	Vision Basic	Vision High
Employee Only	<input type="checkbox"/> \$ 15.00	<input type="checkbox"/> \$ 15.00	<input type="checkbox"/> \$ 5.00	<input type="checkbox"/> \$ 8.45	<input type="checkbox"/> \$14.70
Employee & Family	<input type="checkbox"/> \$160.00	<input type="checkbox"/> \$160.00	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$ 16.45	<input type="checkbox"/> \$ 28.07
Employee & Spouse	<input type="checkbox"/> \$145.00	<input type="checkbox"/> \$145.00			
Employee & Children	<input type="checkbox"/> \$115.00	<input type="checkbox"/> \$115.00			
Decline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Below place an "A" to Add "R" to Remove)

## FAMILY INFORMATION

Last Name, First Name, MI	SSN	Date Of Birth	Relationship (S)pouse (D)ependent (G)randchild	Sex M F	Medical A R	Dental A R	Vision Basic A R	Vision High A R
Spouse								
Dependent(s) / Grandchild								

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

**PRETAX PREMIUM PLAN:** Medical, dental, vision, and flexible spending account contributions will not be subject to Federal Income or Social Security taxes and changes to your coverage can only be made as a result of an approved qualifying change in family status.

**NOTE: IMPORTANT INFORMATION PLEASE READ AND REVIEW. YOU ARE AUTHORIZING A RELEASE OF YOUR MEDICAL INFORMATION.**

**AUTHORIZATION TO OBTAIN OR RELEASE MEDICAL INFORMATION:** I authorize any health care professional or entity to give the health plan/insurer or any of their designees, any and all records or information pertaining to medical history or services rendered to us for any administrative purpose, including evaluation of an application or a claim, and for any analytical or research purposes. I also authorize the use of a Social Security Number for purpose of identification.