

Date:
Date:

Instructions:

List all employees eligible or who will be eligible on the requested effective date of coverage. Include employees with coverage

- 1 elsewhere (as through a spouse), those employees who are eligible but choose to waive coverage, and former employees currently enrolled on the plan via COBRA
- 2 Spouse and dependent information should only be included for those who intend to enroll on the plan(s). Enter information for one enrolling person per line. The employee should be entered first, with a relationship status of "Self".
- 3 Next include their spouse or dependent information, one person per line, if applicable. Enter relationship status of "spouse" or "dependent" accordingly.
- 4 Domestic partners, both same and opposite sex, should be shown as a relationship status of "spouse".
- 5 All sections are mandatory except "Coverage elsewhere, waiving, or COBRA". If these do not apply, leave blank.

Name		Gender	Date of Birth	Relationship to Employee	Enroll on Medical, Dental or Both?	Coverage elsewhere, waiving, or COBRA?	State	Zip
First	Last	M/F	[mm/dd/yyyy]	Self, Spouse, Dependent	"M", "D" or "B"	"CE", "W" or "C"	[ss]	[12345]
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