



AGENCY USE ONLY

TXN Code: _____ TXN Effective Date: ____/____/____ Neg. Unit: _____
 Hire Date: ____/____/____ Line Item: _____ Ret. Sys: _____
 Agency Code: _____ Tier: _____ Ret. Sys. Reg. No. _____
 HBA Signature: _____ EMS Enter Date: ____/____/____

SECTION 1

Last Name		MI	Social Security Number	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
Address (Number and Street)		City	State	Zip	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced Marital Status Date: ____/____/____

SECTION 2

I Voluntarily Cancel Health Insurance for Myself and My Dependents Date of Event: ____/____/____

SECTION 3 - NEW ENROLLMENTS ONLY

Individual Coverage
 Family Coverage

SECTION 5 - CHANGE TO FAMILY COVERAGE

Date of Change: ____/____/____
 Marriage Dependent Previous Coverage Terminated Add dependents not previously covered
 First dependent child acquired Other (Specify): _____

SECTION 4 - NEW ENROLLMENT/OPTION CHANGE

Health Insurance Options
 Empire Plan
 Community Blue
 Health Care Plan/Choice Care
 Independent Health

SECTION 6 - CHANGE TO INDIVIDUAL COVERAGE

Date of Change: ____/____/____
 Voluntarily cancel coverage for my dependents only Only dependent married
 Only dependent graduate/turned 19 Only dependent died
 Divorce Other (Specify): _____

SECTION 7 - ADD OR DELETE A DEPENDENT

Add a dependent Delete a dependent Date of Event: ____/____/____

SECTION 8 - DEPENDENTS

LAST NAME	FIRST NAME	M.I.	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			

SECTION 9

Signature _____

Date _____