

# 2025 Enrollment Form

(please print clearly and provide all information for seamless enrollment)



## Primary Enrollee Information:

Effective Date: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Member Social Security Number \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ **Date of Hire** \_\_\_\_\_ **Job Title** \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Email Address** \_\_\_\_\_ Home Phone Number \_\_\_\_\_

New Enrollment  Address Change  Add Dependent

## Benefit Election

### Dental Election – Per Pay

- Employee Only - \$8.75
- Employee + Spouse - \$17.49
- Employee + Children - \$20.94
- Family - \$32.43

### Vision Election – Per Pay

- Employee Only - \$1.53
- Employee + Spouse - \$3.06
- Employee + Children - \$3.28
- Family - \$5.24

## Spouse Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Spouse Social Security Number \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_

## Dependent Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Child Social Security Number \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Child Social Security Number \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Child Social Security Number \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_

Enrollee Signature \_\_\_\_\_

Date \_\_\_\_\_