

<b>1. Tell us about you</b>			<b>2. New Enrollment</b>			<b>4. Where you work</b>					
Last Name _____ First Name _____ M.I. _____			<input type="checkbox"/> New Hire <input type="checkbox"/> Open enrollment <input type="checkbox"/> COBRA/Continuation Date Of Qualifying Event ____/____/____ Reason _____			Company Name _____			Occupation _____		
Home Address (Number and Street or P.O.Box / Apt. Number) _____						Are you actively at work? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO) REASON <input type="checkbox"/> SICK <input type="checkbox"/> INJURED <input type="checkbox"/> OTHER					
City _____ State _____ Zip Code _____						Are you currently claiming Workers' Compensation Medical benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Home Telephone ( ) _____ Work Telephone ( ) _____			<b>3. Enrollment Change</b>			Are you or any other eligible dependent listed on this form currently confined to a hospital or other healthcare facility, totally disabled or physically impaired? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Email _____						Do you work 30 or more hrs. per week? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Fax ( ) _____			<b>5. Medical Pre-Existing Condition Portability and Coordination of Benefits Statement</b>			Date of Full Time Hire ____/____/____ Date of Part Time Hire ____/____/____ Date of Rehire ____/____/____					
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Separated <input type="checkbox"/> Widowed						Did you or your dependents have prior medical coverage? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>6. List Family Members to be Added/Cancelled</b>			<b>Change:</b>			If Yes, Reason for loss of coverage <input type="checkbox"/> Quit Job <input type="checkbox"/> Employment Terminated <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Other					
			<b>Reason</b> _____			<b>X</b>					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____			<b>Date</b> ____/____/____					
			<b>Date</b> ____/____/____								