

Dear American River Benefit Administrators:

I \_\_\_\_\_, am a member of \_\_\_\_\_  
(Member/Employer Name) (Association Name)

Member number \_\_\_\_\_.

I would like to enroll my employee, \_\_\_\_\_, in the insurance benefits offered through the Association. The employees date of hire is \_\_\_/\_\_\_/\_\_\_ and has completed the required waiting period checked below for eligibility in the offered insurance plans.

- 1<sup>st</sup> of the month following hire date.
- 1<sup>st</sup> of the month following 30 days.
- 1<sup>st</sup> of the month following 60 days.

Thank You,

X \_\_\_\_\_  
(Member/Employer Signature) (Date)

\_\_\_\_\_  
(Print Name and Title)