

ENROLLMENT AND CHANGE FORM

LONG BEACH CITY SD

Type of Coverage: (where applicable)	<input type="checkbox"/> EMM	<input type="checkbox"/> Basic Life & AD&D Non Contributory Only	For Administration Completion Only: <input type="checkbox"/> Instructional <input type="checkbox"/> Non-Instructional <input type="checkbox"/> Administrators <input type="checkbox"/> Non Affiliated (\$10,000) <input type="checkbox"/> Non Affiliated (\$25,000)	
<input type="checkbox"/> New Hire	<input type="checkbox"/> Open Enrollment	<input type="checkbox"/> Late Enrollee	<input type="checkbox"/> Rehire	Effective Date:
<input type="checkbox"/> Change Enrollment / Beneficiary	<input type="checkbox"/> New Address	<input type="checkbox"/> Name Change, Previous Name:		Effective Date:
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Cancel Spouse/Partner and/or Dependent (EMM ONLY)				Effective Date:

A. Employee Information					
Name (Last, First)			Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	
Street Address			Date of F/T Hire		
City	State	Zip	Hours worked per week		
Social Security No.					
Job Title			Home Phone	Cell Phone	
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated

B. Dependent Coverage (If more space is needed, attach extra copies) FOR EMM ONLY						
Spouse/Partner's Name (Last, First)		Date of Birth		Gender	Request to	Reason
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Add <input type="checkbox"/> Cancel	
Child's Name (Last, First)		F/T Student	Date of Birth	Gender	Request to	Reason
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Add <input type="checkbox"/> Cancel	
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Add <input type="checkbox"/> Cancel	
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Add <input type="checkbox"/> Cancel	
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Add <input type="checkbox"/> Cancel	

C. Beneficiaries for Life, AD&D and EMM Only					
<input type="checkbox"/> Add Beneficiary <input type="checkbox"/> Change existing beneficiary to individual(s) below: (if more space is needed, attach extra copies.)					
Name (Last, First)	Social Security No.	Type	Key L = Basic Life E - EMM A = All Coverages	Benefit %	Relationship
Name (Last, First)	Social Security No.	Type		Benefit %	Relationship
Name (Last, First)	Social Security No.	Type		Benefit %	Relationship
Contingent Beneficiary(ies): If the beneficiary(ies) above are not living, then pay:					
Name (Last, First)	Social Security No.	Type		Benefit %	Relationship
Name (Last, First)	Social Security No.	Type		Benefit %	Relationship

If more than one beneficiary is named, the death benefit, unless otherwise provided herein, will be paid in equal shares to the designated beneficiaries who survive the employee. If no such beneficiary survives, payment will be made in accordance with the terms of the policy.

D. Participation/Waiver			
<input type="checkbox"/> Request to Participate: I hereby request the policyholder to arrange the issuance of group insurance to which I am entitled, or to which I may be entitled, and I authorize my employer to make the periodic deductions from my earnings as my contributions toward the cost of insurance, if applicable.			
<input type="checkbox"/> Waiver of Insurance: I do not wish to participate in this insurance program offered through my employer, and I understand that evidence of insurability satisfactory to the insurance company may be required to participate in the plan at a later date.			
Reason for refusing:	<input type="checkbox"/> Spouse/Partner's Plan	<input type="checkbox"/> Not Interested	<input type="checkbox"/> Other, please specify:

The information provided above is true and complete to the best of my knowledge and belief.

Employee Signature: _____ Date: _____
Employer Representative: _____ Date: _____