MEDICAL PLAN ENROLLMENT/CHANGE FORM

PATTONVILLE SCHOOL DISTRICT

SECTION A

☐ OPEN ENROLL ☐ CHANGE ☐ NEW ENROLL ☐ REINSTATE

EFFECTIVE DATE OF ADD/CHANGE/CANCELLATION (MM/DD/CCYY)

SCHOOL NAME: **PATTONVILLE SCHOOL DISTRICT**

ANTHEM GROUP NO. **0040052777**

DATE OF HIRE (MM/DD/CCYY)

TYPE OF CHANGE: _____

☐ Add Dependent(s)* Date:_____ ☐ Marriage Date:_____ ☐ Name Change ☐ Family Security Benefit/Surviving Spouse

☐ Cancel Employee Date:_____ ☐ Newborn Date of Birth:_____ ☐ Transfer to Cobra ☐ Retirement Date: _____

☐ Cancel Dependent(s)* Date:_____ ☐ Part-time to Full-time Status ☐18 mo. ☐29 mo. ☐36 mo. ☐ Employee Terminated

*List Names in Section B ☐ Other (Please Specify): _____

SECTION B

EMPLOYEE NAME (Last)	(First)	(MI)	SOCIAL SECURITY NO	GENDER	MARITAL STATUS

EMPLOYEE DATE OF BIRTH (MM/DD/CCYY)	HOME PHONE ( )	WORK PHONE ( )	EMPLOYEE E-MAIL ADDRESS	POSITION/OCCUPATION

ADDRESS (Street)	(City)	(State)	(Zip Code)

I WOULD LIKE COVERAGE FOR ME AND MY DEPENDENTS (Specify last name if different from yours) Last Name First Name MI		DEPENDENT SOCIAL SECURITY NO.	DATE OF BIRTH MM DD CCYY	GENDER	COVERAGE	CHECK ONE
Employee				☐ M ☐ F	☐ Medical	☐ Add ☐ Cancel
Spouse				☐ M ☐ F	☐ Medical	☐ Add ☐ Cancel
Dependent*	Relationship:			☐ M ☐ F	☐ Medical	☐ Add ☐ Cancel
Dependent*	Relationship:			☐ M ☐ F	☐ Medical	☐ Add ☐ Cancel
Dependent*	Relationship:			☐ M ☐ F	☐ Medical	☐ Add ☐ Cancel

SECTION C

Medical Options

☐ **$500 Corridor** ☐ **$1,000 Corridor** ☐ **$2,000 Corridor** ☐ Decline Coverage

SECTION D

OTHER HEALTH CARE COVERAGE :Do you or your dependents have other health insurance under a qroup plan, HMO, or Medicare? ☐ Yes ☐ No If yes, please provide the following:

NAME OF PERSON COVERED	SOCIAL SECURITY NO.		
		☐ Medicare Part A	Effective Date _____
		☐ Medicare Part B	Effective Date _____
		☐ Medicaid	Effective Date _____
		☐ Other Insurance Carrier	Effective Date

SECTION E

SIGNATURE - The information provided above is true and correct to the best of my knowledge.

Employee's Signature / Date_____ Employer's Signature / Date_____