



# FRINGE BENEFITS ENROLLMENT/CHANGE FORM

SCHOOL DISTRICT \_\_\_\_\_

GROUP NUMBER \_\_\_\_\_

DIVISION NUMBER \_\_\_\_\_

- NEW EMPLOYEE       TERMINATED       Change of Name       Change Birthdate       Change Effective Date       Delete Spouse/Dependent(s)
- COBRA       RETIRED       Change of Address       Change Hire Date       Add Spouse/Dependent(s)
- Change of Phone       Change Identification Number       Change Spouse/Dependent Status

PRINT NAME OF EMPLOYEE (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ (LAST) \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_ OCCUPATION \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

MALE       WIDOWED  
 FEMALE       SINGLE  
 MARRIED       DIVORCED

- I elect to be covered under the Fringe Benefits Plan for which I am, or may be, eligible as indicated:  
(check appropriate boxes)       DENTAL BENEFITS       VISION BENEFITS       OPT-VISION
- Employee       Employee       Employee  
 Spouse       Spouse       Spouse  
 Dependent Children       Dependent Children       Dependent Children
- I do not want to be covered under the Fringe Benefits Plan for which I am eligible. I understand that I will have to submit satisfactory medical evidence of good health if I want this coverage after my initial period of enrollment has expired.

EMPLOYEE SIGNATURE REQUIRED \_\_\_\_\_

DATE \_\_\_\_\_

Please list spouse/dependents you wish to have covered under this plan.

NAME: FIRST	INITIAL	LAST	Relationship (spouse - son - daughter)	Name of College, Social Security Number and graduation date	Full-Time Student* Yes      No	Month	Birth Date Day	Year

\*Please attach separate sheet with name and address of college and Social Security # of full-time student(s).  
 DEPENDENT TYPES - Spouse, Natural Child, Step Child, Legally Adopted Child. Is spouse employed?  Yes  No If yes, please provide name of spouse's employer for coordination of benefits: \_\_\_\_\_ Spouse's Social Security # \_\_\_\_\_  
 Spouse Insurance Carrier \_\_\_\_\_  
 Forward WHITE copy to School Claims Service, LLC, P.O. Box 812, New Cumberland, PA 17070-0812, and retain YELLOW copy for your records.