FAES
FOUNDATION FOR ADVANCED EDUCATION IN THE SCIENCES

First Name:	**MI:**	**Last Name:**
Address:		**Apt #:**
City:	**State:**	**Zip Code:**
Social Security #:	**Phone #:** ( ) -	
Date of Birth: (MM-DD-YY)	**Gender:** M ☐ F ☐	**Marital Status:** Single ☐ Married ☐ Partner ☐
Personal Email:	**Work Email:**	
NED ID:	**Full Time Hire Date:** (MM-DD-YY)	
FAES USE:	Requested Effective Date: (MM-DD-YY)	

Institute (check one below):

☐ OD	☐ NIAID	☐ NIDA	☐ CSR	
☐ NCI	☐ NIAMS	☐ NIEHS	☐ FIC	
☐ NEI	☐ NBIB	☐ NIGMS	☐ NCCAM	
☐ NHLBI	☐ NICHD	☐ NINDS	☐ NCRR	
☐ NIA	☐ NIDCR	☐ NINR	☐ CC	
☐ NIAAA	☐ NIDDK	☐ NLM	☐ NCATS	☐ CIT

Waiver of FAES Health Insurance Coverage

Private Insurance:

Health Insurance Company: _____

Policy Number: _____

Primary Policyholder: _____

Relationship to Policyholder: _____

Employee Signature:	Date
FAES Representative Signature:	Date