



## Health Benefits Update Form

## Section I – General Information

Full Name: Hinkles Courtney T Date: 01/23/2017  
*Last First M.I.*

Address: 7450 Copper Rd. 2311  
*Street Address Apartment/Unit #*

Stillwater KY 44587  
*City State ZIP Code*

Phone: 4324439089 Email Courtney.hinkles@apple.com

Date of Birth (MM/DD/YYYY): 10/22/1985

Birth Sex ☐ M ☒ F Self-identified Gender ☐ M ☒ F

## Section II – Insurance Information

Insurance ID: 039909 Group Code: MOC

Start Date: 05/01/2014 End Date: 04/30/2020 Coverage Type ☒ Enhanced ☐ Basic

## Section III – Dependent Information

Dependent Name: Hinkles Skip T Date of Birth: 03/21/1985  
*Last First M.I.*

Birth Sex ☒ M ☐ F Self-identified Gender ☒ M ☐ F

Phone: 4698986789 Email skip.j@gmail.com

## Section IV – Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*I declare that the foregoing is true and accurate to the best of my knowledge. I understand that any false, fictitious or fraudulent statement or representation, made knowingly will lead to termination of benefits.*

Signature: Courtney Hinkles Date: 01/25/2018