



## Health Benefits Update Form

## Section I – General Information

Full Name: Xing Lee T Date: 06/22/2018  
Last First M.I.

Address: 2245 Frankford Blvd. 2123  
Street Address Apartment/Unit #

Chicago IL 45634  
City State ZIP Code

Phone: 4153223890 Email lee.t.xing12@hotmail.com

Date of Birth (MM/DD/YYYY): 12/12/1987

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

## Section II – Insurance Information

Insurance ID: 099383 Group Code: PIH

Start Date: 12/11/2016 End Date: 12/10/2020 Coverage Type Enhanced ☒ Basic ☐

## Section III – Dependent Information

Dependent Name: Xing Ming Date of Birth: 06/03/1990  
Last First M.I.

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

Phone: 4153223889 Email ming.marco@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: Lee Xing Date: 06/25/2018