HIGHMARK.

ENROLLMENT/WAIVER FORM

☐ ENROLLING
(Complete sections I, II, IV, and V)

☐ WAIVING
(Complete sections I and III)

I EMPLOYEE/CONTRACT HOLDER INFORMATION (Must be completed for both enrollees and waivers)

Effective Date	Employer/Group Name	Group Number	Payroll Location
05/01/2023	UNITED PARCEL SERVICE	17381991	

First Name	MI	Last Name	Social Security Number (If no SS#, write N/A):
DAVID	A	BASS	990-90-3462

Address: 85, SEYMOUR ST

City	State	Zip	County	Home/Cell Phone
HARTFORD	RI	6106		765-239-9623

Marital Status (Please check one):
☐ Single/Widowed ☑ Married ☐ Divorced

Enrollment Status
☑ Active Employee ☐ COBRA Continuant Start Date _____
☐ Rehired Employee ☐ HIPAA Life Event
(Please attach a copy of COBRA Election Notice or HIPAA Certificate to support eligibility.)

Full-Time Hire (or Rehire) Date (Month/Day/Year):	Hours Worked Per Week
07/16/2022	

Gender	Date of Birth (Month/Day/Year)	Age	Product Selection(s)
☑ Male ☐ Female	12/14/1974	49	☐ Medical Product Name: _____ ☐ Vision ☑ Dental

II DEPENDENT INFORMATION (If enrolling more than four dependents, please attach a separate sheet.)

SPOUSE/DOMESTIC PARTNER

First Name	MI	Last Name	Relationship to You?
LAKSHMI		BASS	☑ Spouse ☐ Domestic Partner†

Social Security Number (If no SS#, write N/A)	Gender	Date of Birth (Month/Day/Year)	Age
114-91-3731	☐ Male ☑ Female	01/01/1952	71

Product Selection(s):
☐ Medical ☐ Vision ☑ Dental

Note: If spouse's last name differs from the contract holder above, please attach a copy of your marriage certificate.

†If your employer offers Domestic Partner coverage, please attach a Domestic Partner Affidavit and supporting documents to this application.

DEPENDENT CHILD

First Name	MI	Last Name	Relationship to You?
PAUL		BASS	☐ Child ☐ Step-child ☐ Adopted* ☐ Other*

Social Security Number (If no SS#, write N/A)	Gender	Date of Birth (Month/Day/Year)	Age
	☑ Male ☐ Female	09/18/1995	28

Product Selection(s):	Dependent Status if Age 26 or Older
☐ Medical ☐ Vision ☑ Dental	☐ Disabled ☐ Act 4**

*If enrolling an adopted child or a child that has been legally placed in your care, please attach a copy of the custodial/legal papers to support dependent eligibility.

**If your employer offers Act 4 adult dependent coverage, complete and attach an Act 4 Dependent Verification Form.