

## ENFOLLATENT/WAIVER FORM

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| Cassidy J' Walk   | `   | <u> 879-07-</u>   | 1464   |
| 58413 Maryland AV   | e, Washing  |   |  |
| Chicago OH 6063.  |   | one/Cell Phone<br>(293) - 765   | -657   |
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| ☐ Single/Micowed  | 🗀 Rehited Employes  | ੈ HIPAA Life Event<br>A Bection Notice of HIPAA Conflicate t                            |  |
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| Dr. Alex Ross   | n Prinsipper Perkantan adaptak melikat pengan pulan menandak bidakan. | <b>55</b> 0 °C s<br>an o anno an archive an anno an |  |
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| First Name (All Last No   |   | Relationship to You   |  |
| TERESA  | ASSALACQUA.   | Spense Par  | nestic Partner <sup>T</sup>  |
| 500 (24 Security Number (# no 55%, with 2 N/4)<br>114 - 91 - 3737   | j Gender<br>: ŒMaio - <b>(X</b> Fernale                               | Date of singe /Money  | 11900 37   |
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| Dr. Smith   | <u></u>   |   | TING   |
|   | shave, please attach a copy of you                                    |   |  |
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| Dr. Smith  Note: If spouse's last name differs from the contract holder   |   | ur matriage certificate.  | (many iliga and come per agreement year of per a description of general and an arrange and an arrange and an a   |
| Dr. Smith  Note: If spouse's last name differs from the contract holder   |   | ur matriage certificate.  | (many iliga and come per agreement year of per a description of general and an arrange and an arrange and an a   |
| De Smith  Note: If spouse's last name differs from the contract holder.  If your employer offers Damestic Partner coverage, please:   | attach a Domestic Partner Alirday                                     | ur matriage certificate, it and supporting documents to                                 | in's application.  |
| De Smith  Note: If spouse's last name differs from the contract holder.  If your employer offers Damestic Partner coverage, please:   | attach a Domestic Partner Alirday                                     | ir matriage certificate. it and supporting documents to                                 | this application.  |
| De Smith  Note: If spouse's last name differs from the contract holder.  If your employer offers Domestic Panner coverage, please:  | attach a Domestic Partner Alirday  ante                               | Relationship to You  Step-child  Cate of Birth (Man)                                    | this application.    Child   Other,  |
| Note: If spouse's last name differs from the contract holder.  If your employer offers Damestic Partner coverage, please:  Hirst Name  Mi Lost N.  Social Security Number (It no SSA, wide N/A)   | attach e Domestic Partner Afriday                                     | Relationship to You  Cate of Bink (Man)   | this application.  2   |
| Note: If spouse's last name differs from the contract holder.  If your employer offers Domestic Partner coverage, please:  Hist Name  Mi Last N.  Social Security Number (this SSA, write N/A)  Product Selection(s).  [[Medical [[Vision]]] Dental | attach a Domestic Partner Afriday  anne  Gender  Maie  Fernate        | Relationship to You  Relationship to You  Step-child  Cate of Binh (Man)  La Disabled   | this application.  Child Adopter Dother, Age Age 26 or Older Act 4**   |
| Note: If spouse's last name differs from the contract holder. It your employer offers Domestic Partner coverage, please:  First Name  Mi Lost N.  Social Security Number (thio SSA, wide N/A)  Product Selection(s).                                | attach a Domestic Partner Alirday  ante                               | Relationship to You  Relationship to You  Step-child  Cate of Binh (Man)  La Disabled   | This application.  Child Adopted Dother, Age (Age 26 or Older  |

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

<sup>1996</sup> your employer offers Act 4 adult dependent reverage, complete and attach an Act 4 Dependent Verification Form.