



ENROLLMENT/WAIVER FORM

COMPLETE THIS APPLICATION IN ITS ENTIRETY IN BLUE OR BLACK INK. DO NOT USE PENCIL OR HIGHLIGHTER.



■ WAIVING

I EMPLOYEE/CONTRA	CT HOLDER INFO	RMATION (Must I	be completed fo	r both enrollee	s and waivers)	
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Single/Widowed Married		Rehired Employer	e HIPAA LIf	e Event ceor HIPAA Certifica	re to support eligibility.)	
Divorced II-Time Hire (or Rehire) Date (Month/Day/Ye	(ear) Hours Work	ed Per Week Jo	ob Title			
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[&]quot;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.

[&]quot;If your employer offers Act 4 adult dependent coverage, complete and attach an Act 4 Dependent Verification Form.