

# Romania: Medical Enrollment Form



## Associate Information

**Associate Name:** Adina Uifaleanu

**Request Date:** 9/8/2022

**Associate ID:** AU102240

**Associate CNP:** 2980209124937

## Coverage Details

☐ MedLife

☒ Regina Maria

| Dependent Name | Date of Birth | CNP | Relationship to Associate | Coverage Level |
|----------------|---------------|-----|---------------------------|----------------|
|                |               |     |                           |                |
|                |               |     |                           |                |
|                |               |     |                           |                |
|                |               |     |                           |                |
|                |               |     |                           |                |

\*Specific details around the medical subscription offered by both MedLife & Regina Maria can be found by going to the Romania Health Wiki page – [Here](#).

*This form must be filled out in its entirety and submitted to the HR Service Center.*

### Instructions:

- Enter Associate Information
- Enter Details
- Print Form
- Sign and Date
- Log a request to the HR Service Center

Associate Signature

9/8/2022

Date