



### 2021-2022 Plan Election

Please complete this form to make your insurance election. This election will be Effective 11/01/2021. **If you need to make a change to who you are covering, you must complete an application. This is not an application.**

Who will be covered	Type of Coverage
	Aetna AFA OAAS 3000 100% CY ACF
Employee	
Employee and Spouse	
Employee and Children	
Family	✓
Waive, I do not want coverage	
Waive, I have coverage elsewhere	

* Only fill this section out if you are opting in for insurance *			
Who will be covered	Name	Gender	Date of Birth
Employee	MOHAMMED NAWAZ AHMED	MALE	03/13/1989
Spouse	FNU SAFOORA AAIMAN	FEMALE	03/25/1995
Child 1	AYESHA NAWAZ	FEMALE	21/12/2019
Child 2			
Child 3			
Child 4			
Child 5			

Printed Name Nawaz Mohammed

Signature Nawaz Mohammed Date 10/11/2021

---