

Show Stoppers- Employee Enrollment / Waiver

The following is a list of the most commonly missed items that will slow down the processing of your application

Section 1 (Employer Information)

- ✓ Provide Group Number and Group Name
- ✓ Provide the appropriate Subgroup and/or Department Number
- ✓ Provide the Full-time Date of Hire or Part-time/Rehire Date
- ✓ Provide Weekly Hours worked

Section 2 (Employee Information)

- ✓ Select appropriate Medical/Dental Option
- ✓ Provide Employee Social Security Number and Date of Birth
- ✓ Provide Employee Gender
- ✓ Complete the TO and FROM dates for prior coverage (if coverage is less than 12 months)

Sections 3 & 5 (Dependent Information)

- ✓ Provide Dependent Social Security Number and Date of Birth
- ✓ Provide Dependent Gender and Relationship
- ✓ Complete the TO and FROM dates for prior coverage (if coverage is less than 12 months)

Section 4 (Acknowledgement)

- ✓ Verify the Employee Signature

Section 6 (Life Insurance Information)

- ✓ Provide Salary information on Life, if applicable

Do not submit this form with the application