

FREEDOM AREA SCHOOL DISTRICT-INSURANCE ENROLLMENT/CHANGE FORM

☐

New Enrollment

☐

Name
Change

☐

Address
Change

☐

Change of
Dependents

☐

Termination

☐

COBRA

SOCIAL SECURITY NUMBER	LAST NAME	FIRST	MI	DATE OF BIRTH	SEX
ADDRESS		HIRE DATE		PHONE NUMBERS	
		START DATE			
COVERAGE OPTION			NOTES:		
<input type="checkbox"/> Employee Only			<input type="checkbox"/> Parent/Child(ren)		
<input type="checkbox"/> Employee/Spouse			<input type="checkbox"/> Family		
Other Insurance	<input type="checkbox"/> YES	NAME AND ADDRESS OF CARRIER(S)	GROUP NUMBER	POLICY HOLDER	RELATIONSHIP
	<input type="checkbox"/> NO				

3. DEPENDENT CHANGE		CHOOSE ONE PLEASE					
		<input type="checkbox"/> ADD DEPENDENTS LISTED BELOW				<input type="checkbox"/> DELETE DEPENDENTS LISTED BELOW	
DEPENDENTS	LAST NAME	FIRST NAME	MI	STUDENT	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER
Spouse					M F		
Child					M F		
Child					M F		
Child					M F		
Child					M F		
Child					M F		
Child					M F		
Child					M F		
EFFECTIVE DATE OF ABOVE CHANGE(S)		REASON FOR ABOVE CHANGE(S)					

EMPLOYEE SIGNATURE

DATE

EMPLOYER SIGNATURE

DATE