

Section 1: Personal Information

Name _____ Identification Number _____
Last Name First Name M.I. Assigned ID or Social Security Number

Date of Birth _____ Gender: Male Female
Month Day Year

Important! Be sure to verify the correct format of your address at <http://zip4.usps.com/zip4/welcome.jsp>.

Street Address _____ P.O. Box _____

City _____ State _____ Zip + 4 _____

State E-mail: _____ Personal E-mail: _____

State Phone: (_____) _____ Personal Phone: (_____) _____ Mobile

Section 2 : Reason For This Enrollment or Election Change Request

Check the box that applies. The numbers in parentheses are for agency use.

Open Enrollment (56)

Initial Enrollment for Newly Eligible Employee: _____ (01)
MONTH/DAY/YEAR

Qualifying Mid-Year Event/Documentation to Support the Event

Check the type of event below, and attach the appropriate supporting documentation as indicated. Date of Event: _____
MONTH/DAY/YEAR

ible dependents.
up to \$2,750.)

Amount per regular paycheck

