

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
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ADDRESS	HIRE DATE	PHONE NUMBERS
	START DATE	

COVERAGE OPTION <input type="checkbox"/> Employee Only <input type="checkbox"/> Parent/Child(ren) <input type="checkbox"/> Employee/Spouse <input type="checkbox"/> Family	NOTES:
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Other Insurance	<input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND ADDRESS OF CARRIER(S)	GROUP NUMBER	POLICY HOLDER	RELATIONSHIP

3. DEPENDANT CHANGE CHOOSE ONE PLEASE

ADD DEPENDENTS LISTED BELOW
 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		

EFFECTIVE DATE OF ABOVE CHANGE(S)	REASON FOR ABOVE CHANGE(S)
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EMPLOYEE SIGNATURE _____ DATE _____

EMPLOYER SIGNATURE _____ DATE _____