

EMPLOYEE BENEFITS ENROLLMENT FORM

Date of Hire:		Effective Date:		Payroll Schedule		PP Start	
Name:							
Gender:		Date of Birth:		Social Security #:			
Mailing Address:						City:	
State:		Zip:		Phone:		E-mail:	

ASBAIT GROUP MEDICAL INSURANCE	MONTHLY PREMIUM	
---------------------------------------	------------------------	--

I want Medical Insurance:	YES		NO		WAIVE/SIGNATURE			
MEDICAL PLANS	Value Gold		Classic Gold		HDHP			
COVERAGE	EMP ONLY		EMP & SPOUSE		EMP & CHILD(REN)		EMP & FAMILY	

DELTA DENTAL INSURANCE	MONTHLY PREMIUM	
-------------------------------	------------------------	--

I want Dental Insurance:	YES		NO		WAIVE/SIGNATURE			
COVERAGE	EMP ONLY		EMP & SPOUSE		EMP & CHILD(REN)		EMP & FAMILY	

VSP VISION INSURANCE	MONTHLY PREMIUM	
-----------------------------	------------------------	--

I want Vision Insurance:	YES		NO		WAIVE/SIGNATURE			
VISION PLANS	BASE		BUY-UP		COVERAGE	EMP ONLY	EMP+1	EMP+2

LIFE INSURANCE	MONTHLY PREMIUM	
-----------------------	------------------------	--

I want Life Insurance:	YES		NO		WAIVE/SIGNATURE			
COVERAGE TYPE				AMOUNT			PREMIUM	
BASIC	YES		NO		CLASS 1: \$100,000 / CLASS 2: \$50,000	EMPLOYER PAID		
DEPENDENT	YES		NO		\$15,000 SPOUSE/\$5,000 DEP	\$2.52		
VOL EMP LIFE+AD&D	YES		NO					
VOL SPOUSE LIFE+AD&D	YES		NO					
VOL DEP CHILD BEN	YES		NO		\$10,000	\$2.00		

PRIMARY Beneficiary	NAME					SSN#	
Address						Relationship	
SECONDARY Beneficiary	NAME					SSN#	
Address						Relationship	

DEPENDENT INFORMATION

SPOUSE	NAME					COVERAGE		
	SSN#	DOB		GENDER		MEDICAL	DENTAL	VISION
CHILD	NAME					COVERAGE		
	SSN#	DOB		GENDER		MEDICAL	DENTAL	VISION
CHILD	NAME					COVERAGE		
	SSN#	DOB		GENDER		MEDICAL	DENTAL	VISION
CHILD	NAME					COVERAGE		
	SSN#	DOB		GENDER		MEDICAL	DENTAL	VISION
CHILD	NAME					COVERAGE		
	SSN#	DOB		GENDER		MEDICAL	DENTAL	VISION
CHILD	NAME					COVERAGE		
	SSN#	DOB		GENDER		MEDICAL	DENTAL	VISION

EMPLOYEE SIGNATURE

DATE

PUSD HUMAN RESOURCES ONLY:

	NEW HIRE	Hire Date		Effective Date	
TERMINATION OF INSURANCE					
	CHANGE	Effective Date		Date of Qualifying Event	
ADD/TERM DEPENDENT(S)					
	LEAVE OF ABSENCE		Start Date:		
OPEN ENROLLMENT					
	RETIREE		Effective Date:		
SALARY		HR INITIALS		DATE	
DATE SENT TO FENDLEY			DATE ENTERED INTO VISIONS		