

PLEASE PRINT

EMPLOYEE INFORMATION

EMPLOYEE NAME: _____
LAST NAME, FIRST NAME, MIDDLE INITIAL

SOCIAL SECURITY NUMBER: _____

BIRTHDATE: _____

HOME ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HOME PHONE NUMBER: _____ **EMPLOYER:** _____

PLEASE PRINT

I AM SUBMITTING THIS:

- TO UPDATE INFORMATION
- AS A NEW PARTICIPANT
- TO DELETE FAMILY MEMBERS, IF DELETION IS DUE TO DIVORCE GIVE DATE DIVORCE FINAL (NOT DATE DECREE FINAL) DATE OF DIVORCE _____

CHOOSE ONE MEDICAL PLAN: BLUE CROSS BLUE SHIELD

CHOOSE ONE DENTAL PLAN: TRUST PLAN (ACTIVE MEMBERS ONLY) WILLAMETTE DENTACARE (ACTIVE OR RETIRED MEMBERS)

ARE YOU MARRIED? YES NO **IF YES, PLEASE GIVE DATE OF MARRIAGE:** _____

PLEASE PRINT

DEPENDENT INFORMATION

SPOUSE NAME: _____
LAST NAME, FIRST NAME, MIDDLE INITIAL

SOCIAL SECURITY NUMBER: _____ **BIRTHDATE:** _____

**LIST ALL UNMARRIED CHILDREN UNDER 19 YEARS OF AGE TO AGE 24 IF ATTENDING SCHOOL
ALL ELIGIBLE DEPENDENTS MUST BE LISTED**

- 1. NAME:** _____ **CHECK IF STEPCHILD:**
LAST NAME, FIRST NAME, MIDDLE INITIAL
- SOCIAL SECURITY NO.:** _____ **BIRTHDATE:** _____ **SEX:** M F
- 2. NAME:** _____ **CHECK IF STEPCHILD:**
LAST NAME, FIRST NAME, MIDDLE INITIAL
- SOCIAL SECURITY NO.:** _____ **BIRTHDATE:** _____ **SEX:** M F
- 3. NAME:** _____ **CHECK IF STEPCHILD:**
LAST NAME, FIRST NAME, MIDDLE INITIAL
- SOCIAL SECURITY NO.:** _____ **BIRTHDATE:** _____ **SEX:** M F
- 4. NAME:** _____ **CHECK IF STEPCHILD:**
LAST NAME, FIRST NAME, MIDDLE INITIAL
- SOCIAL SECURITY NO.:** _____ **BIRTHDATE:** _____ **SEX:** M F
- 5. NAME:** _____ **CHECK IF STEPCHILD:**
LAST NAME, FIRST NAME, MIDDLE INITIAL
- SOCIAL SECURITY NO.:** _____ **BIRTHDATE:** _____ **SEX:** M F

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LIFE INSURANCE BENEFICIARY

1. PRIMARY BENEFICIARY: _____
LAST NAME, FIRST NAME, MIDDLE INITIAL

ADDRESS: _____

CITY: _____ **STATE:** _____

ZIP CODE: _____ **SOCIAL SECURITY NO.:** _____

BIRTHDATE: _____ **RELATIONSHIP TO MEMBER:** _____

2. CONTINGENT BENEFICIARY: _____
LAST NAME, FIRST NAME, MIDDLE INITIAL

ADDRESS: _____

CITY: _____ **STATE:** _____

ZIP CODE: _____ **SOCIAL SECURITY NO.:** _____

BIRTHDATE: _____ **RELATIONSHIP TO MEMBER:** _____

SIGNATURE: _____ **DATE:** _____