Enrollment Key

01 Employee Only
02 Employee + Spouse
03 Employee + Spouse + Children
04 Employee + Children

Other Status

G Waiting to Other Coverage
NP Has Not Served Waiting Period
NH Not enough hours to quality coverage
W Waiving to no other coverage

Date:_____
Business Name:_____
Group Contact:_____
Phone Number:_____
Fax Number:_____
Federal Tax ID:_____

Current Carrier (If Insured): _____
E-mail Address:_____
Effective Date: _____
Employer Contribution for Employees: _____
Business Address:_____

Employee Name	DOB	M/F	Hours per Week	Enrolling or Waiving?	Employee Code	Zip Code	Spouse DOB	Children DOB