



PINNACLEHEALTH

BENEFIT ENROLLMENT FORM TO ADD/DELETE DEPENDENT

Please complete and return to Human Resources *within 30* days of the birth or adoption of a child. If the child is not enrolled within thirty days of birth or adoption, you must wait until the next Open Enrollment period. The baby can be enrolled without a birth certificate or Social Security Number. A copy of the birth certificate and the SS# should be provided separately to Human Resources when it is received.

Employee's Last Name		Employee's First Name		Middle Initial	Social Security #	Date of Birth	Date of Hire
Street Address		City	State	Zip Code	Home Phone	Work Phone	
Employee ID # (Mandatory)							
TYPE OF TRANSACTION <input type="checkbox"/> Add Dependent(s) <input type="checkbox"/> Delete Dependent(s)							
REASON FOR TRANSACTION (supporting documentation must be attached) <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Dependent no longer full time student <input type="checkbox"/> Change in spouse's benefits/employment <input type="checkbox"/> Dependent no longer eligible (reason _____)							
BENEFITS AFFECTED (Mark all that apply) <input type="checkbox"/> Primesource PPO <input type="checkbox"/> Managed Care Option One <input type="checkbox"/> Managed Care Option Two <input type="checkbox"/> Dental Basic <input type="checkbox"/> Dental Upgrade <input type="checkbox"/> Vision Discount Card							
EFFECTIVE DATE OF CHANGE _____							
FAMILY MEMBERS TO BE ENROLLED OR DELETED:							
Enroll or Delete	Full Name (Last, First, MI)	Sex	Relationship to Employee	Birthdate	Full-time Student?	Social Security #	
EMPLOYEE SIGNATURE _____						DATE SIGNED _____	