



Signature of Authorized Officer, Partner or Proprietor \_\_\_\_\_ Date: \_\_\_\_\_

Group Name:

Social Security #

111-11-1111

Name

First

Jerry

MI

R

DOB  
Mo day Yr

3/8/1961

Gender  
M/F

M

Date of Hire  
Mo Day Yr  
(30 Hr Min.)

5/1/1997

Occupation

Mechanic

State

CO

Zip

80204

Marital  
Status

S

Coverage\*  
EO, ES, EC, F,  
SW, R

EC

COBRA if yes  
Term. Date

01/01/2006

\*Coverage Selection Key:

EO=Employee Only, ES=Employee Spouse, EC=Employee Child(ren), F=Family, SW=Spousal Waiver, R=Refusal

