

2026 Enrollment Form

(please print clearly and provide all information for seamless enrollment)



Primary Enrollee Information:

Effective Date: _____

First Name _____ Last Name _____ Middle Initial _____

Member Social Security Number _____ Gender _____

Date of Birth _____ **Date of Hire** _____ **Job Title** _____

Home Address _____

City _____ State _____ Zip _____

Email Address _____ Home Phone Number _____

☐ New Enrollment ☐ Address Change ☐ Add Dependent

Benefit Election

Dental Election – Per Pay

- ☐ Employee Only - \$9.51
☐ Employee + Spouse - \$19.02
☐ Employee + Children - \$22.77
☐ Family - \$35.27

Vision Election – Per Pay

- ☐ Employee Only - \$1.62
☐ Employee + Spouse - \$3.25
☐ Employee + Children - \$3.48
☐ Family - \$5.55

Spouse Information:

First Name _____ Last Name _____ Middle Initial _____

Spouse Social Security Number _____ Gender _____

Date of Birth _____

Dependent Information:

First Name _____ Last Name _____ Middle Initial _____

Child Social Security Number _____ Gender _____

Date of Birth _____

First Name _____ Last Name _____ Middle Initial _____

Child Social Security Number _____ Gender _____

Date of Birth _____

First Name _____ Last Name _____ Middle Initial _____

Child Social Security Number _____ Gender _____

Date of Birth _____

Enrollee Signature _____

Date _____