

Change of beneficiary ONLY

KETTERING CITY SCHOOLS

INSURANCE APPLICATION

CIRCLE ALL THAT APPLIES

<input type="checkbox"/> NEW ENROLLMENT	YES			
<input type="checkbox"/> CANCEL INSURANCE	YES	INSURANCE EFFECTIVE DATE		
<input type="checkbox"/> ADD DEPENDENT	YES			
<input type="checkbox"/> CANCEL DEPENDENT	YES	DATE EMPLOYED		
<input type="checkbox"/> NAME CHANGE	YES			
<input checked="" type="checkbox"/> (A) EMPLOYEE INFORMATION	Name	MEDICAL	DENTAL	WAIVE ALL
	Address	YES / NO	YES / NO	INELIGIBLE
	Social Security number			
	Date of Birth	Gender: M / F		
	Marital Status (Circle one)	Single Married Divorced Widowed		
<input type="checkbox"/> (B) FAMILY INFORMATION	Spouse	YES / NO	YES / NO	
	Social Security number	address if different than employee		
	Date of Birth	Gender: M / F		
	Name of Dependent	YES / NO	YES / NO	
	Social Security number	address if different than employee		
	Date of Birth	Gender: M / F		
	Relationship to employee			
	Name of Dependent	YES / NO	YES / NO	
	Social Security number	address if different than employee		
	Date of Birth	Gender: M / F		
	Relationship to employee			
	Name of Dependent	YES / NO	YES / NO	
Social Security number	address if different than employee			
Date of Birth	Gender: M / F			
Relationship to employee				

IF MORE DEPENDENTS, PLEASE WRITE INFORMATION ON ANOTHER SHEET OF PAPER AND ATTACH

(C) THIS SECTION MUST BE COMPLETED IF YOU HAVE OTHER MEDICAL INSURANCE

Do you or any dependents have other health coverage? YES NO

If yes, provide information

Name of Policy Holder	Name of other Insurance Co	Policy #	Policy Type (single, etc)

Are you covered by Medicare? YES NO

Are your spouse and/or dependents covered by Medicare? YES NO

If enrolled in Medicare, please attach a copy of Medicare ID card(s)

(D) LIFE INSURANCE BENEFICIARY'S NAME(S) (Please print) Group Policy# 5479448 Annual Salary: \$

Last Name	First Name	Middle Initial	Relationship to Employee	%

I confirm that the information I have provided on this form is complete and accurate.

X

(Employee Signature)

X

Date