



# BENEFITS DESIGN GROUP ENROLLMENT APPLICATION

## SECTION 1 – EMPLOYEE INFORMATION

Last Name		First Name		Middle	
Social Security Number	Date of Birth	Email		Telephone	
Mailing Address			City	State	Zip Code

## SECTION 2 – DEPENDENT INFORMATION *(list only if covered by your health plan)*

Dependent's Last Name		First Name		Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Date of Birth	Social Security Number	Home Address, if different			

Dependent's Last Name		First Name		Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Date of Birth	Social Security Number	Home Address, if different			

Dependent's Last Name		First Name		Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Date of Birth	Social Security Number	Home Address, if different			

Dependent's Last Name		First Name		Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Date of Birth	Social Security Number	Home Address, if different			

Dependent's Last Name		First Name		Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Date of Birth	Social Security Number	Home Address, if different			

## SECTION 3 – PLAN SELECTION

<b>Enrollees</b> <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family		<b>Plan Selection (if applicable)</b> <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2
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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_