

GALENA PARK ISD MEDICAL/DENTAL ENROLLMENT/CHANGE FORM

Employee Information

Employee Name _____ Employee SS# _____

Street Address _____
City State Zip

Phone Number _____

Please Check the box for all that applies:

- Address Change** **Name Change** **Qualifying Event (Attach Documentation)**

Medical Enrollment Please check all that apply:

- Enroll Plan PPO Active Care 1 Active Care 1 HD Active Care 2 Active Care 3
 Add Remove Dependent Cancel Plan Decline/Waive

Dental Enrollment Please check all that apply:

- Enroll Plan DHMO Add Remove Dependent Cancel Plan Decline/Waive
 Enroll Plan PPO

Vision Enrollment Please check all that apply:

- Add/Remove Dependent Cancel Plan Decline/Waive

(A)dd (C)hange (R)emove	First Name MI Last Name	Sex M F	Birthdate mm/dd/yy	Social Security Number	Medical	Dental	Vision
	E	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	S	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E-Employee S-Spouse C-Child

Add/Cancel/Waive of Optional Benefits:

- Employee Supplemental Life Insurance Spouse Supplemental Life Insurance
 Child Supplemental Life Insurance Disability _____

EMPLOYEE SIGNATURE _____ DATE _____

For Office Use Only

Effective Date: _____

Type of Qualifying event: _____

Processed: _____