STAYWELL
MENDOCINO COUNTY SCHOOL DISTRICTS HEALTH PLAN

Enrollment Form

Indicate Health Plan below:

- (•) Medical - Active Plan
- ( ) Medical – Retiree Health - Active Plan
- ( ) Medical – Retiree Health - Retiree Plan

( ) Mark here if you do not have changes to your Health Plan
Complete your Name and sign the document at the bottom of the page

REQUIRED! ***BE SURE TO COMPLETE THE COORDINATION OF BENEFITS FORM***

Indicate reason for application:

- ( ) New enrollment effective_
- (•) Open Enrollment
- ( ) Add Dependent
  Date of Marriage: _____
  Date of Birth:_____
  Date of Adoption:_____
- ( ) Plan Change
- ( ) Terminate Coverage for checked plans on left
- ( ) Change Address/Name
- ( ) Delete Dependent (list names below)

Location/District: _____

SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME	MI	HOME PHONE ( )

STREET ADDRESS	CITY	STATE	ZIP	COUNTY

MARRIED	SEX	BIRTH DATE	JOB TITLE	DATE EMPLOYED
( ) YES ( ) NO	( ) M ( ) F			

EMPLOYER NAME	NO OF HOURS WORKED/WEEK

Are you actively at work? ( ) YES ( ) NO

Are you covering your dependents? ( ) YES ( ) NO

Relation To Employee	Last Name	First Name	Date of Birth	SSN #	SEX (M/F)
Spouse					
Dependent Child					
Dependent Child					
Dependent Child					

THE COORDINATION OF BENEFITS FORM (or COB) IS MANDATORY FOR ALL EMPLOYEES PARTICIPATING IN HEALTH BENEFITS!

To the best of my knowledge, I believe the above information is true and correct. I understand that false or inaccurate information may result in the termination of coverage or the non-payment of benefits.

Employee Signature _____ Date Signed _____

Waiver of Insurance Coverage (ONLY FOR EMPLOYEES WORKING .5 FTE TO .7499 FTE)
Rejection of Health Coverage. After careful consideration, I do not wish to participate in any of the available plans. I also realize I will NOT be able to re-enroll until next open enrollment period and then I may be required to provide Medical Proof of Insurability. If you waive insurance coverage, I will be sending you an additional form to complete.

Employee Signature _____ Date Signed _____