

This form **MUST**
be returned to
your Personnel
Office

The Employee Benefit Service Center
P.O. Box 8130 South Charleston, WV 25303
800-310-6645

ANNUAL ENROLLEE UPDATE

Employer _____ Group # _____
Employee Name _____ Date of Birth _____
Social Security Number _____

Address This is a new address

Street _____ Phone Number _____
City/State _____ Zip Code _____

Dependent Information

Please list all enrolled dependents and if they are full-time students please list attending school.
Refer to your benefit booklet for the proper age requirement and number of hours required for full-time student status.

Name of Family Member _____ SS# _____ DOB _____ School _____
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Please list additional dependents on separate sheet of paper and attach.

Other Health Insurance Coverage

If you or your dependents currently are covered by any other health insurance please provide the following information.

Name of Family Member _____ SS# _____ Primary Insurance Payer _____
Name of Family Member _____ SS# _____ Primary Insurance Payer _____
Name of Family Member _____ SS# _____ Primary Insurance Payer _____

Complete Name and Address of Insurance: _____

Life Insurance Beneficiaries

Please list your beneficiaries.

Primary _____ Address _____
Secondary _____ Address _____

I authorize any person or organization having records or knowledge of me or my family, or of our health, to release this information to The Employee Benefit Service Center., its legal representative, licensed physicians or practitioners, hospitals, clinics or medically related facilities, insurance companies and others who have a legitimate need for such information for the purpose of review, investigation or evaluation. I agree that a photo copy of this authorization shall be valid as the original. I hereby certify that the information given above is true and complete to the best of my knowledge. I understand that any mis-statements, omissions or misrepresentation may result in the rescission of any insurance coverage issued in connection with my employee benefits.

SIGNATURE

DATE