



ENROLLMENT/CHANGE OF STATUS FORM

Member Number (SSN)	LAST NAME, FIRST NAME MI	EFFECTIVE DATE OF CHANGE
Active <input type="checkbox"/>	Retiree <input type="checkbox"/>	ADDRESS
		DATE OF BIRTH
GROUP NAME: JEFFERSON COUNTY COMMISSION		GROUP #: VS146

<input type="checkbox"/> ENROLL IN GROUP	<input type="checkbox"/> SINGLE	<input type="checkbox"/> SINGLE +1	<input type="checkbox"/> FAMILY
<input type="checkbox"/> ADD DEPENDENTS			
<input type="checkbox"/> DELETE DEPENDENTS			
<input type="checkbox"/> TERMINATE COVERAGE			
<input type="checkbox"/> CHANGE COVERAGE	<input type="checkbox"/> SINGLE	<input type="checkbox"/> SINGLE +1	<input type="checkbox"/> FAMILY

RELATIONSHIP	NAME	SEX	DATE OF BIRTH	SOC-SEC-NUM	ADD	DELETE
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Signature _____

Date _____