

ENROLLMENT/CHANGE FORM FOR PRINTING INDUSTRIES BENEFIT TRUST (PIBT) EXECUTIVE BENEFIT PLAN

NOTE: Please complete the entire enrollment form. This form cannot be processed if information is incomplete.

SECTION 1 – EMPLOYER TO COMPLETE THIS SECTION

COMPANY NAME			POLICY NO.		
ADDRESS					
CITY		STATE	ZIP	PHONE NUMBER	
<input type="checkbox"/> ADD ELIGIBILITY DATE FOR THIS PLAN _____ <input type="checkbox"/> DELETE EFFECTIVE DATE _____					

SECTION 2 – EMPLOYEE INFORMATION

LAST NAME		FIRST NAME		M.I.
SOCIAL SECURITY NUMBER		DATE OF BIRTH	JOB TITLE	
MAILING ADDRESS (NUMBER, STREET, APARTMENT)		CITY	STATE	ZIP
HOME TELEPHONE NUMBER ()	WORK TELEPHONE NO ()		E-MAIL ADDRESS	

SECTION 3 – DEPENDENT ENROLLMENT INFORMATION

<input type="checkbox"/> ADD <input type="checkbox"/> DELETE EFF. DATE _____	SPOUSE/DOMESTIC PARTNER – LAST NAME		FIRST	M.I.
	SOCIAL SECURITY NUMBER		RELATIONSHIP	SEX <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE EFF. DATE _____	FIRST DEPENDENT – LAST NAME		FIRST	MI
	SOCIAL SECURITY NUMBER		RELATIONSHIP	SEX <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE EFF. DATE _____	SECOND DEPENDENT – LAST NAME		FIRST	MI
	SOCIAL SECURITY NUMBER		RELATIONSHIP	SEX <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE EFF. DATE _____	THIRD DEPENDENT – LAST NAME		FIRST	MI
	SOCIAL SECURITY NUMBER		RELATIONSHIP	SEX <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE EFF. DATE _____	FOURTH DEPENDENT – LAST NAME		FIRST	MI
	SOCIAL SECURITY NUMBER		RELATIONSHIP	SEX <input type="checkbox"/> M <input type="checkbox"/> F

I certify that my eligible dependents and I are covered by the Base Health Plan as defined in the Application for Group Insurance Policy and I hereby request to be covered under the PIBT Executive Benefit Plan.

Employee Signature

Date