J.J. STANIS AND COMPANY, INC
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ENROLLMENT AND/OR CHANGE FORM

SACHEM CSD– Excess Major Medical

☐ **New Hire** **Effective Date:**	☐ **Open Enrollment** **Effective Date:**	☐ **Add** ☐ **Change Enrollment/ Beneficiary** **Effective Date:**	☐ **Name Change** **From** _____ **To** _____
☐ Rehire Effective Date:	☐ **Add Spouse and/or Dependent** Effective Date: Reason:	☐ **Cancel Spouse and/or Dependent** Effective Date: Reason:	☐ **New Address:** _____ _____

Type of Coverage: ☐ **Single** ☐ **Family**

A. Employee Information

Last Name	First Name	Middle Initial	Social Security

Sex ☐ M ☐ F	Birthdate (MMDDYY)	Street Address / Apt. No

Home Phone	City	State	Zip

Job Title	Date of Employment	Hours Worked Weekly	Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

B. Dependent Coverage (If more space is needed, attach extra copies)

Spouse/Partner's Last Name	Spouse/Partner's First Name	Middle Initial	Other Dental Coverage?	Birthdate (MMDDYY)	Sex
			☐ Y ☐ N		☐ M ☐ F

Child's Last Name	Child's First Name	Middle Initial	Other Dental Coverage?	Birthdate (MMDDYY)	Sex	F/T Student
			☐ Y ☐ N		☐ M ☐ F	☐ Y ☐ N
			☐ Y ☐ N		☐ M ☐ F	☐ Y ☐ N
			☐ Y ☐ N		☐ M ☐ F	☐ Y ☐ N
			☐ Y ☐ N		☐ M ☐ F	☐ Y ☐ N

C. Beneficiaries under EMM (if more space is needed, attach extra copies)

Last Name	Social Security No.	Type	Benefit &	Relationship

Contingent Beneficiary(ies): If the beneficiary(ies) above are not living, then pay

Last Name	Social Security No.	Type	Benefit %	Relationship

D. Participation/Waiver

☐ **Request to Participate**: I hereby request the policyholder to arrange the issuance of group insurance to which I am entitled, or to which I may be entitled, and I authorize my employer to make the periodic deductions from my earnings as my contributions toward the cost of insurance, if applicable.

☐ **Waiver of Insurance**: I do not wish to participate in this insurance program offered through my employer, and I understand that evidence of insurability satisfactory to the insurance company may be required to participate in the plan at a later date.

Reason for Refusing: ☐ **Spouse** ☐ **Not Interested** ☐ **Other, please specify:** _____

The information provided above is true and complete to the best of my knowledge and belief.

Employee Signature: _____ **Date:** _____

Employer Representative: _____ **Date:** _____

Approved Oct 2014