

Date Processed	Processed By

A. Group / Contact Information To be completed by the Group Administrator

Group / Division # / Group Name

Contact Name Contact Phone # - ext

B. Subscriber This section must be completed

Effective Date / / Social Security Number - - Birth Date / / Sex M F

Last Name

First Name / Middle Initial

Address Line 1

City State Zip Code () -

Email Address

C. Family Members Please attach a separate sheet for additional dependent(s).
Be sure to include the Eligible Employee's Social Security Number and Name when attaching additional sheets.

Social Security Number - - Birth Date / / Relation Spouse Child M Full-time student
 Domestic Partner F Disabled Child

Last Name

First Name / Middle Initial

Social Security Number - - Birth Date / / Relation Spouse Child M Full-time student
 Domestic Partner F Disabled Child

Last Name

First Name / Middle Initial

Social Security Number - - Birth Date / / Relation Spouse Child M Full-time student
 Domestic Partner F Disabled Child

Last Name

First Name / Middle Initial

Social Security Number - - Birth Date / / Relation Spouse Child M Full-time student
 Domestic Partner F Disabled Child

Last Name

First Name / Middle Initial

D. Authorization I certify that the information provided is true, correct and meets the terms and conditions of the HDS Agreement.

Group Administrator Signature

Date