



ENROLLMENT FORM



- NEW EMPLOYEE
- LATE ENROLLEE/OPEN ENROLLMENT
- SPECIAL ENROLLEE: _____ Date of Event; _____ Event
- CHANGE
 - Adding Dependent
 - Terminating Benefits
 - Coverage Change

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MEDICAL COVERAGE:

- EMPLOYEE ONLY EMPLOYEE/ SPOUSE EMPLOYEE/ CHILD (REN) FAMILY

Date of Employment: _____ Effective Date: _____

EMPLOYEE-LAST NAME	FIRST NAME, MI	DATE OF BIRTH	GENDER	SOCIAL SECURITY NUMBER <i>(REQUIRED)</i>
HOME ADDRESS	CITY	STATE	ZIP	PHONE NUMBER
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED (DATE _____) <input type="checkbox"/> SEPERATED <input type="checkbox"/> WIDOWED				
OCCUPATION (IF APPLICABLE)		E-MAIL ADDRESS		

If you are adding a dependent, you may need to provide additional documentation to prove eligibility.

DEPENDENTS APPLYING FOR COVERAGE (Last, First, MI)	SOCIAL SECURITY NUMBER <i>(Required)</i>	LEGAL RELATIONSHIP (Spouse, child, etc.)	GENDER (M/F)	DATE OF BIRTH		
				Month	Day	Year

AUTHORIZATION: The above information is complete and correct to the best of my knowledge. If the Plan requires a contribution from me, I authorize it to be deducted from my pay. I authorize any person who provides or has provided services to me or my dependents to release to Regional Care, Inc. and its affiliated providers any information or medical records relating to those services.

 Signature (DO NOT PRINT OR TYPE) DATE

DECLINE COVERAGE WAIVER: I hereby acknowledge the opportunity to participate in the Group Sponsored Plan has been offered to me and my dependents. I understand that by not participating in the Plan at this time, application for coverage for myself and/or my dependents at a later date may be denied. I further understand if I and/or my dependents should become eligible to enroll under the Plan due to a qualifying event as defined by the Plan, I must enroll myself and/or my dependents within the required time frame allowed under the Plan. ***I wish to waive coverage for the following:***

- SELF SPOUSE SPOUSE & CHILD (REN) CHILD (REN) FULL FAMILY

 Signature (DO NOT PRINT OR TYPE) DATE