City of North Little Rock
Department # _____

☐ Enroll ☐ Address Change
☐ Cancel ☐ Name Change
☐ Change Date of Change ___/___/___

TO BE COMPLETED BY EMPLOYER

New Enrollment/Additons:
Date of Hire _____/_____/_____
Requested date of change _____/_____/_____

☐ New Hire
☐ Status change (PT to FT)
☐ Birth ☐ Marriage
☐ Adoption ☐ Court ordered dependent
☐ Other (describe) _____

Cancellations: Last Date of Employment _____/_____/_____
Requested Effective Date of Cancellation _____/_____/_____

☐ Employee terminated
☐ Divorce
☐ Dependent reached maximum age
☐ Other (describe) _____

EMPLOYEE INFORMATION

Last	First	Middle	Date of Birth _____/_____/_____
Street	Apt #	City	State / Zip
Social Security # __ __ __ - __ __ - __ __ __ __	Sex M F	Marital Status ☐ Single ☐ Divorced ☐ Married ☐ Widowed	

FAMILY INFORMATION

Enroll	Cancel	Last Name	First Name	Middle	Date of Birth	Social Security #
					_____/_____/_____	__ __ __ - __ __ - __ __ __ __
					_____/_____/_____	__ __ __ - __ __ - __ __ __ __
					_____/_____/_____	__ __ __ - __ __ - __ __ __ __
					_____/_____/_____	__ __ __ - __ __ - __ __ __ __
					_____/_____/_____	__ __ __ - __ __ - __ __ __ __
					_____/_____/_____	__ __ __ - __ __ - __ __ __ __
					_____/_____/_____	__ __ __ - __ __ - __ __ __ __

On the day this coverage begins will you, your spouse or any of your dependents be covered under any other medical health plan or policy?

☐ Yes ☐ No If yes, complete the rest of this section.

Policyholder	Person Covered	Policy Number	Effective Date	Medicare (Yes or No)

SIGNATURE IF ENROLLING

I confirm that the information I have provided on this form is complete and accurate.

Employee Signature _____ Date _____ Employer Signature _____ Date _____

WAIVER OF COVERAGE

I decline coverage for:

☐ Myself
☐ Spouse
☐ Dependent Children
☐ Myself and all dependents

I understand that if I elect not to enroll at this time that I will only be able to enroll at open enrollment in January or within 31 days of experiencing a qualifying event.

Employee Signature _____ Date _____