

Premium Saver

Enrollment Form

502 Court St., Suite 242
Utica, NY 13502

Administrative Offices:
P.O. Box 14067
Jackson, MS 39236



Applicant Information

Last Name		First Name		M.I.	
Physical Address					
City		State		Zip	
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel <input type="checkbox"/> Change <input type="checkbox"/> COBRA <input type="checkbox"/> Waiver				Date	
Social Security Number		Employee ID Number (if different than SSN)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
Telephone Number (home)		Telephone Number (work)		DOB Day/Month/Year	
Employer or Group Name		Effective Date		Date of Hire	
Plan Coverage: <input type="checkbox"/> Employee <input type="checkbox"/> Employee + One <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Family					
COBRA Start Date		COBRA End Date		COBRA Event	

Information for Dependent Coverage *Spouse & Dependent Children (include Date of Birth)*

First Name, Middle Initial, Last Name (if different)	DOB Day/Mth/Yr	Relationship	Children to age 26	
		<input type="checkbox"/> Spouse		<input type="checkbox"/> Enroll <input type="checkbox"/> Change <input type="checkbox"/> Cancel
		<input type="checkbox"/> Male <input type="checkbox"/> Female		
		<input type="checkbox"/> Child	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Enroll <input type="checkbox"/> Change <input type="checkbox"/> Cancel
		<input type="checkbox"/> Male <input type="checkbox"/> Female		
		<input type="checkbox"/> Child	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Enroll <input type="checkbox"/> Change <input type="checkbox"/> Cancel
		<input type="checkbox"/> Male <input type="checkbox"/> Female		
		<input type="checkbox"/> Child	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Enroll <input type="checkbox"/> Change <input type="checkbox"/> Cancel
		<input type="checkbox"/> Male <input type="checkbox"/> Female		
		<input type="checkbox"/> Child	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Enroll <input type="checkbox"/> Change <input type="checkbox"/> Cancel
		<input type="checkbox"/> Male <input type="checkbox"/> Female		
		<input type="checkbox"/> Child	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Enroll <input type="checkbox"/> Change <input type="checkbox"/> Cancel
		<input type="checkbox"/> Male <input type="checkbox"/> Female		

I hereby acknowledge that any coverage is limited by the benefits and exclusions of the Agreement.

Signature _____ Date _____ / _____ / _____
Day Month Year