



Enrollment Application

Check One: First Enrollment Dependent Change Address Change Name Change

PERSONAL INFORMATION: Please Print Clearly

Member Name:				- -
	<i>Last</i>	<i>First</i>	<i>MI</i>	Social Security Number
Address:				
City:		State:	Zip:	Effective Date:
Phone:	Email:	Sworn Public Safety Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Marital Status:	Date of Marriage/Divorce:	

FAMILY MEMBER INFORMATION:

Full Name	Date of Birth	Relationship to Employee	Gender	Social Security Number	
1).		<input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner	<input type="checkbox"/> M <input type="checkbox"/> F	- -	<input type="checkbox"/> Add <input type="checkbox"/> Delete
2).			<input type="checkbox"/> M <input type="checkbox"/> F	- -	<input type="checkbox"/> Add <input type="checkbox"/> Delete
3).			<input type="checkbox"/> M <input type="checkbox"/> F	- -	<input type="checkbox"/> Add <input type="checkbox"/> Delete
4).			<input type="checkbox"/> M <input type="checkbox"/> F	- -	<input type="checkbox"/> Add <input type="checkbox"/> Delete
5).			<input type="checkbox"/> M <input type="checkbox"/> F	- -	<input type="checkbox"/> Add <input type="checkbox"/> Delete
6).			<input type="checkbox"/> M <input type="checkbox"/> F	- -	<input type="checkbox"/> Add <input type="checkbox"/> Delete

***If you have additional dependents, you may list them on the back of this application.**

Pursuant to the confirmation election of my member association, my employer will contribute an amount as specified in the local's collective bargaining agreement on my behalf to the Medical Expense Reimbursement Plan of the PORAC Retiree Medical Trust.

Participant Signature: _____ Date: _____

NOTE: You must be a member of a participating association before your enrollment can be accepted

<i>Internal Use Only:</i>		
<i>Employer Name:</i>	<i>Employer Billing Number:</i>	
<i>Date Received:</i> _____	<i>Date Processed:</i> _____	<i>Initials:</i> _____