CITY OF STAMFORD

BENEFIT ENROLLMENT/CHANGE FORM

Benefits Department 203.977.4523 or 977.4038 Fax: 203.977.4075

PERSONAL INFORMATION

Last Name:

First Name:

M.I.:

Sex: ☐ M ☐ F

Marital Status: ☐ Married ☐ Single

Employment Status: ☐ Active ☐ Retiree ☐ COBRA

Street Address

City:

State:

Zip:

Enrollment Type: ☐ New Hire ☐ Add Dependents ☐ Other Changes

Phone Number:

Social Security Number: __ __ __ - __ __ - __ __ __ __

Qualifying Event:

Union Affiliation:

Effective Date: / /

Change Type: ☐ Change Address ☐ Change Name ☐ **Delete** Dependents ☐ **Add** Dependents **Drop** Coverage

Qualifying Event Date: / /

EMPLOYEE AND FAMILY INFORMATION - Please list yourself and all eligible dependents to be enrolled. Eligible dependents include your spouse and/or children. Children can be covered until the end of the month in which they turn 26.

	Last Name, First Name, M.I.	Date of Birth	Social Security #	Sex	Dependent Status	Primary Care Physician #	Physician's Full Name
☐ Single					N/A		
☐ Spouse					N/A		
☐ Son ☐ Daughter							
☐ Son ☐ Daughter							
☐ Son ☐ Daughter							
☐ Son ☐ Daughter							

I elect to enroll/dis-enroll in the coverage listed above and have chosen to enroll/dis-enroll the aforementioned dependents. I understand that this election is binding and cannot be changed until the next Annual Enrollment Period unless I experience a change in Family Status as outlined under Section 125 of the Internal Revenue Code. I hereby authorize my employer, The City of Stamford, to deduct the negotiated cost of this coverage from my paycheck. I agree and understand that my eligible dependents include my spouse and my biological, adopted and/or step children until their 26th.

Employee Signature:____ Date:____________________

Office Use Only: Employee ID#____________________

__Dayforce _____Cigna/Anthem _____Davis _____ Delta _____ Excel ___Maxor

Following documents were reviewed for dependent eligibility: _____Marriage Certificate, _____Birth Certificate _____Social Security Card

REVIEWED/APPROVED BY:____________________ **DATE:**________________