



For Enrollment Only

Check Type:

Initial Reinstatement

ENROLLEE'S SCHOOL DISTRICT:

Last Name First Name Initial SSN

<u>Dep/Relationship</u>	First Name	MI	Last Name	Date of Birth			SSN			
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	M	M	D	D	Y	Y	<input type="text"/>

<u>Dep/Relationship</u>	First Name	MI	Last Name	Date of Birth			SSN			
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<u>Dep/Relationship</u>	First Name	MI	Last Name	Date of Birth			SSN			
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<u>Dep/Relationship</u>	First Name	MI	Last Name	Date of Birth			SSN			
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<u>Dep/Relationship</u>	First Name	MI	Last Name	Date of Birth			SSN			
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<u>Dep/Relationship</u>	First Name	MI	Last Name	Date of Birth			SSN			
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

AUTHORIZATION/CERTIFICATION

I understand that the Plans and coverages listed above shall be in effect until revoked or changed by me in writing. I certify that the information completed above is true and accurate, knowing that falsified or fraudulent disclosures are punishable by law. **(PRINT, SIGN and DATE ORIGINAL.)**

Print Name Signature Current Date

LOCAL ADMINISTRATORS - (MUST BE COMPLETED)

Enrollee's Hire Date Coverage Effective Date

I certify that I have the original of this document, signed by the Enrollee, which will be maintained by this District.

Print Name Signature Current Date