

P.O. Box 2365

## LAMOILLE NORTH SUPERVISORY UNION ☐ NEW ENROLLMENT ☐ CHANGE OF STATUS

	on, VI 0540												1/2022
			EM						SECTIONS 1 THE	ROUGH 7			
					SECTION 1 – EI	MPLOY	EE PARTIC		ORMATION				
Social Security Number Last Name						First Name				MI	Date of Birth		
Home Mailing Address						City				State	Zip Code	е	
Gender Home Phone  Male Female						Work Phone					Current Marital Status		
					SECTIO	N 2 - D	EPENDEN	INFORM	TION			<b></b>	
	Check				0201101				DATE OF BIRTH				Enter "Dep"
One Chause on DAdd		LAST NAME			FIRS	T NAME	E MI		MM/DD/YYYY	SOCIA	AL SECUI	RITY#	Relationship Code
Spouse or Partner	□Add □Delete							□M □F					
Dep-1	□Add □Delete							□M □F					
Dep-2	□Add □Delete							□M □F					
Dep-3	□Add □Delete							□M □F					
Dep-4	☐Add ☐Delete							□M □F					
Dep-5	☐Add ☐Delete							□M □F					
D-Disabled S-Stepchil *= Attach C	irth/Adopti d Child (atta d*** Court Order	on) <b>L-</b> Le ach Physicia	in Stateme	nt CÜ-(	<b>CO-</b> Court Orde Civil Union <b>DF</b>								
*** = Who	is legally re	esponsible t	for stepchi	ld(s) medic	cal bills?								
							ENROLLME		_				
☐ Elect D		erage: 🗌 S	Single 🗌	Member/S	Spouse/Civil Unio	n/Dome	estic Partner	☐ Memb	per/1 Child	ember/ 2 o	r more C	hildren	∏Family
					OFOTION 4								
SECTION 4 - SPOUSE EMPLOYER INFORMATION													
					SECTION 4 -	SPOUS	SE EMPLOY	ER INFO	RMATION				
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Does Spous	se's Employ	er offer dent	al coverage	e? 🗌 Yes	e & Address of Em	oloyer: _	- OTHER C	OVERAG	E				
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