



North Coast Schools' Medical Insurance Group

GROUP MEMBERSHIP ENROLLMENT / CHANGE FORM

DISTRICT NAME

JPA date stamp here

Active	No additions or changes will be made unless a complete application and supporting materials are attached.							
COBRA	If enrolling in COBRA, a completed COBRA Continuation Election Form must be attached.							
Retiree	If choosing to continue coverage as a Retiree, a completed Continuation of Benefits - Retirees form must be submitted.							
ADD								
EMPLOYEE	New Hire	Rehire	LOA Return	Increased Hours	Open Enrollment	Other:		
DEPENDENT	Newborn	Child	Spouse	Domestic Partner	Legal Guardianship			
TERMINATE								
EMPLOYEE	Discharged	Resigned	Laid Off	Retired	Reduction of Hours	LOA	Effective Date	
DEPENDENT	Child	Spouse or Domestic Partner					Effective Date	
REASON	Request	Death	End of Domestic Partnership	Divorce	Maximum Age of 26			
CHANGE INFORMATION								
	Address	Name	Benefit Group	Medical Plan			Effective Date	
	Other (Describe):						Effective Date	

EMPLOYEE INFORMATION							
SS#	- -						
FIRST NAME							
MIDDLE INITIAL							
LAST NAME							
GENDER	Male	Female					
DATE OF BIRTH	- -						
MARITAL STATUS	Single	Married	Divorced	Widow(er)	Partnership		
MAILING ADDRESS							
CITY							
STATE			ZIP				
PHONE				E-MAIL			

DATE OF HIRE		FTE		FT (FTE 1.0)		PT (FTE <1.0)		HOURS PER WEEK	
NOTE: ALL 1.0 FTE EMPLOYEES MUST ENROLL IN ALL HEALTH BENEFITS OFFERED BY THE DISTRICT, PER NCSMIG BYLAWS									
BENEFIT GROUP	<input type="checkbox"/> Classified	<input type="checkbox"/> Certificated	<input type="checkbox"/> Confidential	<input type="checkbox"/> Class Mgmt	<input type="checkbox"/> Cert Mgmt	<input type="checkbox"/> Board	<input type="checkbox"/> Superintendent		

BENEFIT ELECTIONS							
MEDICAL	<input type="checkbox"/> Redwood	<input type="checkbox"/> Oak	<input type="checkbox"/> Spruce	<input type="checkbox"/> Pine	<input type="checkbox"/> Maple	Effective Date	
DENTAL	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 9	<input type="checkbox"/> 11	Effective Date
Per Benefit Group	<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 10	<input type="checkbox"/> 12	Effective Date
VISION	<input type="checkbox"/> A1	<input type="checkbox"/> A4	<input type="checkbox"/> B2	<input type="checkbox"/> B3	<input type="checkbox"/> C5	<input type="checkbox"/> C7	Effective Date
Per Benefit Group	<input type="checkbox"/> A8		<input type="checkbox"/> B6	<input type="checkbox"/> B10	<input type="checkbox"/> C9	<input type="checkbox"/> C11	Effective Date

DEPENDENT INFORMATION							
DEP CODES: SPS=Spouse DP=Domestic Partner				M=Medical D=Dental V=Vision			
SS#	First Name	MI	Last Name	Dep Code	Date of Birth	Sex	M D V
- -							
Date of Marriage or Domestic Partnership (Date of notarization is used for Domestic Partnerships):							
DEP CODES: C=Child ST=Stepchild PC=Partner's child HC=Handicapped/Disabled child AD=Adopted child LG=Legal Guardianship							
SS#	First Name	MI	Last Name	Dep Code	Date of Birth	Sex	M D V
- -							
- -							
- -							
- -							
- -							

