



**DISTRICT NAME** \_\_\_\_\_

JPA date stamp here

<b>Active</b>	No additions or changes will be made unless a complete application and supporting materials are attached.
<b>COBRA</b>	If enrolling in COBRA, a completed COBRA Continuation Election Form must be attached.
<b>Retiree</b>	If choosing to continue coverage as a Retiree, a completed Continuation of Benefits - Retirees form must be submitted.

**ADD**

<b>EMPLOYEE</b>	New Hire	Rehire	LOA Return	Increased Hours	Open Enrollment	Other:	
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<b>DEPENDENT</b>	Newborn	Child	Spouse	Domestic Partner	Legal Guardianship
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**TERMINATE**

<b>EMPLOYEE</b>	Discharged	Resigned	Laid Off	Retired	Reduction of Hours	LOA	Effective Date
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<b>DEPENDENT</b>	Child	Spouse or Domestic Partner	Effective Date
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<b>**REASON**</b>	Request	Death	End of Domestic Partnership	Divorce	Maximum Age of 26
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**CHANGE INFORMATION**

Address	Name	Benefit Group	Medical Plan	Effective Date
Other (Describe):				

**EMPLOYEE INFORMATION**

<b>SS#</b>	- -	
<b>FIRST NAME</b>		<b>MIDDLE INITIAL</b>
<b>LAST NAME</b>		
<b>GENDER</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<b>DATE OF BIRTH</b>	- -	
<b>MARITAL STATUS</b>	Single <input type="checkbox"/>	Married <input type="checkbox"/>
	Divorced <input type="checkbox"/>	Widow(er) <input type="checkbox"/>
	Partnership <input type="checkbox"/>	
<b>MAILING ADDRESS</b>		
<b>CITY</b>		
<b>STATE</b>	<b>ZIP</b>	
<b>PHONE</b>	<b>E-MAIL</b>	

<b>DATE OF HIRE</b>		FTE		FT (FTE 1.0)		PT (FTE <1.0)		HOURS PER WEEK	
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NOTE: ALL 1.0 FTE EMPLOYEES MUST ENROLL IN ALL HEALTH BENEFITS OFFERED BY THE DISTRICT, PER NCSMIG BYLAWS

<b>BENEFIT GROUP</b>	<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 <input type="checkbox"/>
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**BENEFIT ELECTIONS** **EFFECTIVE DATE**

<b>MEDICAL</b>	Redwood <input type="checkbox"/>	Oak <input type="checkbox"/>	Spruce <input type="checkbox"/>	Pine <input type="checkbox"/>	Sequoia Member <input type="checkbox"/>	Maple Member <input type="checkbox"/>	
				Member +1 <input type="checkbox"/>	Member +1 <input type="checkbox"/>		
				Family <input type="checkbox"/>	Family <input type="checkbox"/>		
<b>DENTAL Per Benefit Group</b>	D-15 <input type="checkbox"/>	D-20 <input type="checkbox"/>	D-30 <input type="checkbox"/>				
<b>VISION Per Benefit Group</b>	A1 <input type="checkbox"/>	A4 <input type="checkbox"/>	B2 <input type="checkbox"/>	B3 <input type="checkbox"/>	C5 <input type="checkbox"/>	C7 <input type="checkbox"/>	
	A8 <input type="checkbox"/>		B6 <input type="checkbox"/>	B10 <input type="checkbox"/>	C9 <input type="checkbox"/>	C11 <input type="checkbox"/>	

**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
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- -									
- -									
- -									
- -									

