



ENROLLMENT CARD

ADD DELETE CHANGED

EMPLOYER CITY OF SAGINAW

EFFECTIVE DATE _____

EMPLOYEE SOC. SEC. NO. _____ BIRTH DATE _____ DATE HIRED _____

MM DD YY

EMPLOYEE NAME _____ TEL. _____

LAST FIRST INITIAL

ADDRESS _____

STREET CITY STATE ZIP

SPOUSE NAME _____ BIRTH DATE _____

LAST FIRST INITIAL MM DD YY

SPOUSE SOC. SEC. NO. _____

DEPENDENT CHILDREN

LAST FIRST INITIAL

MM DD YY

LAST FIRST INITIAL

MM DD YY

LAST FIRST INITIAL

MM DD YY

LAST FIRST INITIAL

MM DD YY

If your SPOUSE is employed, does their employer provide DENTAL or VISION coverage?

VISION ____ Yes ____ No

DENTAL ____ Yes ____ No

Insurance Co.

Group No.

Insurance Co.

Group No.

Employer

Address

City

State

Zip

Signed _____ Date _____