

SECTION I: SELECTED COVERAGE – REQUIRED (DISTRICT USE ONLY)			
ENROLLMENT REASON: ..NEW HIRE ..OPEN ENROLLMENT ..EMPLOYEE STATUS CHANGE ..LOSS OF COVERAGE ..COBRA			
QUALIFYING DATE: _____ EFFECTIVE DATE: _____ HIRE DATE: _____ DISTRICT APPROVED INITIALS: _____			
DISTRICT NAME (DO NOT ABBREVIATE)		EMPLOYEE GROUP (BARGAINING UNIT) ..Certificated ..Classified ..Management	EMPLOYEE TYPE ..Full-Time ..Part-Time ..Variable/Temporary/Seasonal
MEDICAL GROUP NO.	DELTA DENTAL GROUP NO.	VISION GROUP NO.	LIFE GROUP NO.
SECTION II: EMPLOYEE / APPLICANT INFORMATION – REQUIRED			


