

# 2-in-1 Employee Benefit Designation Form

Group name: \_\_\_\_\_

Group number: \_\_\_\_\_

Policy effective date: \_\_\_\_\_

Please note: If an employee is enrolling for the first time or if an employee wishes to add dependents, he or she must sign this form and fill out a separate "Enrollment Application/Change of Information" form. If an employee wishes to cancel dependents, he or she must fill out a separate "Member Cancel" form.

Benefit plan \_\_\_\_\_

Subgroup number \_\_\_\_\_

Benefit plan \_\_\_\_\_

Subgroup number \_\_\_\_\_

Employee name

Employee name

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