

3-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 _____	Benefit plan _____	Benefit plan _____
Subgroup number _____	Subgroup number _____	Subgroup number _____

Employee name	Employee name	Employee name
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| 1. PRINTED NAME | 1. PRINTED NAME | 1. PRINTED NAME |
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