

PROPLAN 125

{ } New Enrollment

{ } Termination

{ } Change of Status

SS NO: _____ - _____ - _____ EMPLOYEE NAME: _____

Company Name: _____

Employee Effective Date of Coverage: _____

{1} New Hires:

- Employee: To Enroll, Initial Here and Sign Below _____
- Date of Birth: _____ Date of Hire: _____

{2} Terminations:

- Terminate Employment _____
- Terminate Participation on Anniversary _____

{3} Change Codes:

- | | |
|---|---|
| D) ___ Plan Anniversary Changes | E) ___ Marriage |
| F) ___ Divorce | G) ___ Birth or Adoption of Child |
| H) ___ Death of Spouse, of Child | I) ___ Employment of Spouse |
| J) ___ Termination of Spouse's Employment | K) ___ Away on Leave of Absence |
| L) ___ Back from Leave of Absence | M) ___ Family Dependent's Status Change |
| N) ___ Change from full-time to part-time | O) ___ Vendor Rate Change |
| P) ___ ---No longer used--- | Q) ___ Change in Pay Frequency |
| R) ___ Change in Deduction Frequency | S) ___ Open Enrollment for Spouse |

{4} Coverages:

- | | |
|---------------|---|
| Health: _____ | (A)dd (T)erm _____ Amount _____ Pay Frequency _____ |
| Dental: _____ | (A)dd (T)erm _____ Amount _____ Pay Frequency _____ |
| Vision: _____ | (A)dd (T)erm _____ Amount _____ Pay Frequency _____ |
| Other: _____ | (A)dd (T)erm _____ Amount _____ Pay Frequency _____ |
| Other: _____ | (A)dd (T)erm _____ Amount _____ Pay Frequency _____ |
| Other: _____ | (A)dd (T)erm _____ Amount _____ Pay Frequency _____ |
| Other: _____ | (A)dd (T)erm _____ Amount _____ Pay Frequency _____ |
| Other: _____ | (A)dd (T)erm _____ Amount _____ Pay Frequency _____ |

Signature: _____ Date: _____