

PERTH AMBOY BOARD OF EDUCATION – ENROLLMENT/CHANGE FORM

New Hire/Enrollment
 Addition of Dependent
 Open Enrollment
 Date of Hire: _____
 PPO Coverage
 POS Coverage
 POS II Coverage
 Effective Date: _____

Employee: Last Name _____ First Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____

Telephone #: () _____ - _____ S.S. # _____ - _____ - _____ Location: _____

If medical benefits are required for your dependent(s), please complete the section below and provide a copy of your marriage certificate and birth certificate(s) for the members below.

Last Name	First Name	DOB	SS #	Relation	Sex
				Spouse	<input type="checkbox"/> Male <input type="checkbox"/> Female
				Child	<input type="checkbox"/> Male <input type="checkbox"/> Female
				Child	<input type="checkbox"/> Male <input type="checkbox"/> Female
				Child	<input type="checkbox"/> Male <input type="checkbox"/> Female
				Child	<input type="checkbox"/> Male <input type="checkbox"/> Female
				Child	<input type="checkbox"/> Male <input type="checkbox"/> Female

**** Employees will be responsible for payment of coverage as per the guidelines established in the current AFT Contract ****

Employee Signature

Date