

Enrollment Form

Group Name: Lakeland Civil Service Trust Fund

Member Information										
All field	ds are required. I	Please Print.								
Last N	Last Name		lame	Social Securi	ty No. Date	Date of Birth				
Stree	Street Address			State	Zip	Zip				
Date	of Hire									
Marital Status: ☐ Single		Single	□ Married	□ Divorced/	Separated \Box Wid	□ Widowed				
Pleas	Please check one: New		Hire □ Open Enrollment □ Life Status Cha							
	Coverage									
Please	complete the bei	low for all to be co	overed under the Be							
	Last Name	First Name	Social Security No.	Sex (M/F)	DOB MM/DD/YYYY	FT Student? If YES, include where				
Spouse										
Child										
Child										
Child										
Child										
Child										
Child										



Additional Documentation Checklist												
If applicable, please send in copies of the following documentation along with this completed form:												
	Social Security Card(s)			Death Certificates			English translation for all foreign documents submitted		-			
	Birth Certificate(s)			Proof of Disability for all disabled dependents								
	 Marriage Certificate or QDRO/Divorce Documents 			PAID bursar's bill specifying semester/terms for <u>all</u> dependents aged 19-25								
Additional Coverage												
(Plea	Do you, or any of your dependents covered, also have coverage through another dental or vision plan? UNC NO											
If YES, please complete the information in the chart below for <u>each covered individual</u> who is enrolled in the plan: Other Coverage Last Name First Name Date of Birth Relationship to Employee												
O	er coverage	Last Name		Tilst Ivallie	Date	OI DII (II	Neic	itionsinp	to Limpioyee			
		<u> </u>		Signature	<u> </u>							
Member Signature Date I certify that the information provided in this enrollment form is true to the best of my knowledge.												
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Men	nber Waiver St	atement										
I certify that I have been given an opportunity to participate in the Benefits Plan sponsored by the Lakeland Civil Service Trust Fund. I understand fully the benefits available to me and I decline to participate in the plans being offered.												
Waiver Signature												
								1				

Return in Completed Form To:

Socorro Lux <u>slux@lakelandschools.org</u>

Questions? You can call our Customer Service Department at (914) 250 – 0700.