For Information on plans, cost, and coverage, please visit rensco.capben.com

RENSSELAER COUNTY EMPLOYEE BENEFITS ENROLLMENT FORM

	SOCIAL	SECURITY	NO		INSTRUCTIO	NS:						ADD CH	ANGE OE	DATE (F HIRE	DEPT	CODE	SALARY
	OOOIAL	но.		CHANGES: E	NEW EMPLOYEE: Complete all unshaded areas and sign the form. CHANGES: Enter new or corrected information in the unshaded areas. Be sure to include your Social Security No.						ADD	ANGE	DATE	7 111112	52.1	. 0052	GALAIN	
Ш	LAST N	ME			FIRST NAME	———		M. I.	MAILING	ADDRESS		CI	ΓY		STATE	Z	ZIP CODE	
EMPLOYEE																		
E	BIRTH D	ATE	GENDER	MARITAL STATU	JS:	$\overline{}$	MARRIAGE	DATE	PHONE #		If you have Medic	care Coverage		MED	ICARE ID #	E	MAIL ADDRE	SS
				M-Married S-Sing D-Divorced W-Wid							ENTER EFFECTIVE DATE		E (MM/DD/YEAR) Part B					
			If Spause has	L-Legally Separat	ed		1		1		Part A							
IF MARRIED PLEASE LIST			I ENTER EFFECTIVE DATE (MIM/DD/T			D/YEAR) MEDICARE ID #			Note: By listing a spouse or dependent you are certifying that you are married and birth, adoption or legal guardianship. You may be required to submit proof such a									
	POUSE BELO		Part A	Р	art B				the IRS	requires that	the County colle	ect the Socia		er of any co	vered dep	endent. T	he health p	olans offered are HMOs
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& DE															Cove	erage Can	cel Date:	
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