



Section 111-Required HRA Enrollment Form

Employee Information *(Please print clearly.)*

Employer Name _____ Dept/Location _____

Social Security # _____ Date of Birth _____

Employee's First Name _____ Middle Initial _____ Last Name _____

Employee's Home Address _____

City _____ State _____ Zip Code _____

Employee's Home Phone _____ email _____

Type of Coverage: Single Family Limited Family**Dependent information**

<i>First Name</i>	<i>Last Name</i>	<i>Social Security Number</i>	<i>Birth Date</i>	<i>Relationship (spouse or dependent)</i>	<i>Gender (M or F)</i>	<i>Student (Y or N)</i>

All requested information above required.

Return form promptly to your employer.

Signature _____ Date _____