SSN	First Name	Middle Name	Last Name

r		

Relationship (employee,				
spouse, child)	Birthdate	Gender	Date of Hire	Tobacco Use Y/N

•		

<u> </u>		
<u> </u>		

Mobile Phone #	Home Phone #	Email

l l	

Address	City	State

		Benefit Class	Employment Status
Zip Code	Job Titles	(FT 30 hours)	Employment Status (PT or FT)

	•	

V		

V		

V		

V		

V		

V		

V		

V		

V		

V		

	_

D		
Division /		
Location		
-	•	