



ENROLLMENT FORM

Group Name: Action Group Staffing Group No: _____ Effective Date: _____ Waiting Period: _____

REQUIRED EMPLOYEE INFORMATION (Print using black or blue ink - MUST be filled out)			
Social Security Number	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name	Hire Date	Home Telephone Number ()	
Street Address	City	State	Zip Code

REQUIRED DEPENDENT INFORMATION			
Social Security Number	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner		
Social Security Number	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner		
Social Security Number	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner		
Social Security Number	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner		
Social Security Number	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner		

MINIMUM VALUE PLAN	
MVP	
<input type="checkbox"/> Employee Only	\$ 416.20
<input type="checkbox"/> Employee + Spouse	\$ 830.42
<input type="checkbox"/> Employee + Child(ren)	\$ 747.59
<input type="checkbox"/> Employee + Family	\$ 1141.06
*ACA Affordability Clause Applies	

SIGNATURE	
I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declination of coverage.	
Signature	Date