

# CEBT Enrollment / Change Card

Please type or print in ink. Press firmly.

Employer - Complete all shaded areas at the top of the card.

Employee - Complete all unshaded areas.

<b>Name of employer</b>	<b>Date of Full Time Eligibility</b>	<b>Salary</b>	<b>Effective Date of Coverage</b>	<b>Branch #</b>
1. Employee's Name (last, first, middle initial)		2. Social Security #		3. Date of Birth
4. Employee's mailing address		Street	City	State
				Zip
5. Male <input type="checkbox"/> Female <input type="checkbox"/>				
6. Beneficiary's name			7. Relationship to you	

8.	PPO I	PPO II	PPO III	PPO IV	PPO V	HD15	HD25	EPO II	EPO III	HRP	Dental	Vision	Life	Vol Dental	Vol Vision
Single	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee & Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee & Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee & Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(MPA Only)	PA	PB	PC	PD	PE	HA	HB	EB	EC	RA	D	V		B/N	W

9. Do you want dependent coverage? yes  no  If yes, complete below:

Last, First	Social Security Number (Required)	Date of Birth	Gender	Enrolled in Medicare?
1. Spouse				Y / N
2. Dependent Child				Y / N
3. Dependent Child				Y / N
4. Dependent Child				Y / N
5. Dependent Child				Y / N
6. Dependent Child				Y / N

10. PLEASE CHECK ONE: NEW GROUP ENROLLMENT  CHANGE OF ENROLLMENT CARD  CHANGE OF STATUS

Beneficiary change  Change of dependent status  Name Change  Address change  Marriage  Date \_\_\_\_\_ Divorce  Date \_\_\_\_\_

Add Spouse  Add dependent(s)  Drop Spouse  Drop dependent(s)

Unless otherwise provided herein, If two or more beneficiaries are named, the proceeds shall be paid in equal shares to the named beneficiaries if surviving the insured, or the survivor of survivors. If no beneficiary survives, payment shall be made in accordance with the terms of the policy.

11. Employee's signature \_\_\_\_\_ Home Phone # \_\_\_\_\_ 12. Date signed \_\_\_\_\_

<b>FOR MPA USE ONLY</b>				<b>COV. TYPE (20) e s c f</b>					
<b>BENEFIT CLASSES (four digits)</b>				<b>VOLUMES *(if applicable, enter 1000 for DEP and/or DEP VLIF)</b>					
<b>EFFECTIVE DATE</b>	<b>EE (23 EE)</b>	<b>SP (23 SP)</b>	<b>CH (23 CH)</b>	<b>Enrollee (01)</b>	<b>*DEP (Member 03)</b>	<b>Supplemental (04)</b>	<b>Short Term (06)</b>	<b>Long Term (07)</b>	<b>*DEP VLIF (09)</b>

**Return top page to Willis of Colorado, last page to be retained by the employee/employer.**