

OPEN ENROLLMENT DEPENDENT REGISTRATION FORM

PERSONAL INFORMATION

Name:		EMPLID:	
Address:			
City:	State:	Zip:	
Home Phone:	Work Phone:	Email:	
Birth Date:	Gender:	M	F
Date of Marriage:			

DEPENDENT INFORMATION: Dependent verification documents must be submitted with an enrollment form. Do ***NOT*** send forms containing sensitive information via email or fax.

Relationship	Last (only if different)	First	Birth Date	Gender		Soc. Sec. No.	Dep Ver
Spouse/Equiv				M	F		
				M	F		
				M	F		
				M	F		

PARTICIPANT SIGNATURE

I understand that by signing and submitting this form within the open enrollment period, I am making a binding election concerning my benefits until such time as I elect new coverage and sign a new form.

Signature: _____

Date: _____

Return completed enrollment form and dependent verification documentation to HR Service Center, 320 Crawford Hall, or via [Ask HR Box](#)

CWRU BENEFITS ADMINISTRATION

	Date Received	
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