

Office of Human Resources 1419 Salt Springs Road Phone: 315.445.4155

Fax: 315.445.6023

Name:			SSN:			
Address:						
Date of Birth:		G	Gender:		Date of Hire:	
Email Address:					Phone #:	
Marital Status: Sing	gle; 🗌 Married	; Legally Separa	nted; Divorce/Marit	tal Status Ev	ent Date:	
Medicare # (if applicable):			Part A Effective: Part B Effective:		Part B Effective:	
I do not have a spou	use or any depe		re, I do not have to cor		ection.	
Name		SSN	Date of Birth	Gender	Relationship	
_						
Name of policyholder: Policy ID #:]	Effective date:	T	erm date:	
	New enrollee	Change in plan		☐ Term c	overage – Date:	
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