

**TEAMSTER LOCAL 805 - PANASONIC
HRA ENROLLMENT / TERMINATION FORM**

DATE OF HIRE: ___ / ___ / ___

EFFECTIVE DATE OF COVERAGE: ___ / ___ / ___

CONTRIBUTION: \$ _____

TERMINATION DATE: ___ / ___ / ___

COVERAGE STATUS: ACTIVE COBRA

PERSONAL INFORMATION

NAME:	LAST	FIRST	MIDDLE	HOME PHONE NUMBER:
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ADDRESS:	STREET	APARTMENT #	CITY	STATE	ZIP
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SOCIAL SECURITY #	DATE OF BIRTH	SEX
___ / ___ / ___	___ / ___ / ___	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

MARITAL STATUS:	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOW	<input type="checkbox"/> SEPARATED
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LIST THOSE DEPENDENTS (SPOUSE & CHILD[REN]) YOU WISH TO COVER UNDER THIS PLAN:

- DEPENDENT(S) ADD – EFFECTIVE DATE ___ / ___ / ___ SPOUSE CHILD(REN) DEPENDENT IS DISABLED
- TERMINATE - EFFECTIVE DATE: ___ / ___ / ___ (DOCUMENTATION ATTACHED)

LAST NAME	FIRST NAME	DATE OF BIRTH	SOCIAL SECURITY #	FULL TIME STUDENT (TO AGE 23) SCHOOL NAME (DOCUMENTATION ATTACHED)

CERTIFICATION AND SIGNATURE

I CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE.

SIGNATURE _____ DATE _____

FOR HR USE ONLY

PROCESSED BY: _____ DATE _____

