

TELEMETRICS, INC.
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:
ADDRESS:	STREET	APARTMENT #	CITY	STATE ZIP
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			

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 _____

