

Member First and Last Name

Account Number

Open Enrollment Selection Form

SECTION 1 - EMPLOYEE INFORMATION

First Name	Last Name	Date of Birth	Gender	Social Security #	Marital Status
Home Address		City	State	Zip Code	County
Home Phone		E-Mail Address			

Current Plan:

New Plan Selection:

Complete the information below to add or remove a spouse, or dependents under the age of 26. Please note, to add a dependent child, you must be the legal guardian.

Add	Remove	Name (First & Last)	Relationship	Date of Birth	Gender	SSN (Required)

Email your completed form to: **customersupport@chcquotes.com**

Signature

Date