Solstice
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Employee (Member) Information (Please Print)

Employer/Group Name

Reason For Application:
- ☐ Addition ☐ Reinstate ☐ Termination
- ☐ Change ☐ COBRA ☐ Waive Coverage

Employee (Member) First Name / Middle Initial / Last Name

Date of Birth: Month | Day | Year

Social Security Number

Mailing Address | City | State | Zip code

Employee (Member) Identification Number

Effective Date: Month | Day | Year

Employee Status
- ☐ Active ☐ Hourly ☐ Salary
- ☐ Retired (Date) ________________

Employee Phone Number

Employee Hire Date: Month | Day | Year

Check Type of Coverage:
- Employee Only ☐
- Employee and Spouse or Domestic Partner ☐
- Family ☐
- Employee & Child ☐
- Employee & Children ☐

To be completed by Account Administrator or Human Resources representative only:

Group Number

Payroll Code

Subgroup Code | Plan Code

Please indicate the change(s) that you need to make to your record:

- ☐ Change of Name
- ☐ Change of Address
- ☐ Change of Phone
- ☐ Change Birthdate
- ☐ Change Effective Date
- ☐ Change Report Code
  Existing ________
  New ____________
- ☐ Change in Group Number
  Existing ________
  New ____________
- ☐ Change Enrollment Status to:
  - ☐ Employee Only
  - ☐ Employee/Children
  - ☐ Employee and Spouse / Domestic Partner
  - ☐ Employee and Child
  - ☐ Family

Complete If Applicable	First Name / Middle Initial / Last Name	Social Security Number	Change	Effective Date of Change			Sex	Check If		Birth Date*		
				MM	DD	YY	F/M	Student Over 19	Disabled	MM	DD	YY
☐ Spouse ☐ Dom. Part.			☐ Add ☐ Term									
☐ Child ☐ Other			☐ Add ☐ Term									
☐ Child ☐ Other			☐ Add ☐ Term									
☐ Child ☐ Other			☐ Add ☐ Term									
☐ Child ☐ Other			☐ Add ☐ Term									
☐ Child ☐ Other			☐ Add ☐ Term									
☐ Child ☐ Other			☐ Add ☐ Term									

"I certify that this enrollment information is true and correct."

Member/Employee Signature ______________________ Date ____________

*** Required for all members/dependents**

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