Cigna CORESOURCE A Trusmark Company PERSONAL. FLEXIBLE. TRUSTED.

To be completed by Employer:

Effective Date: _____

Enrollment Application

(PLEASE PRINT CLEARLY)

Last Name	First Name	MI	Date of Birth

Number & Street

City | State | Zip

Sex	Marital Status: ☐ Single ☐ Divorced ☐ Married ☐ Separated ☐ Widowed	Your Social Security No.:
Company Name: Coastal Transport Co., Inc.		Client Code:
Division#/Name:		Date of Hire:

Spouse's Social Security No:

Is your Spouse employed? ☐ Yes ☐ No

Name and Address of Spouse's Employer:

Is your Spouse eligible for Health Care Coverage through employer? ☐ Yes ☐ No

Does your Spouse have Health Care Coverage for
Self? ☐ Yes ☐ No
For Dependents? ☐ Yes ☐ No

Name and Address of Spouse's Insurance Company:

Policy No.

Do You Want Medical Coverage for : **Yourself** ☐ Yes ☐ No **Your Spouse** ☐ Yes ☐ No **Your Children** ☐ Yes ☐ No

DEPENDENTS			BIRTH DATE		RELATIONSHIP			
Last Name	First Name	SOCIAL SECURITY NO.	Mo. Day Yr.	SEX	Spouse	Son	Daughter	Other
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
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					☐	☐	☐	☐
					☐	☐	☐	☐

PLAN ELECTION: ☐ LOW ($1500) ☐ MEDIUM ($1000) ☐ HIGH ($500)

I authorize my employer to deduct the appropriate contribution from my earnings, if applicable. ☐ Yes ☐ No

I do NOT desire ☐ employee coverage and/or ☐ dependent coverage and understand that a qualified change in Family Status or Loss of Coverage (Special Enrollment) will be required to enroll at a later date.

I hereby authorize any provider of health care services, claim administrators, insurers, reinsurers, and others who have a legitimate need for such information for the purpose of review, investigation, or evaluation of a claim, to supply to each other with information about my health status and health care services provided to me. I agree that a photographic copy of this authorization is valid as the original.

Date:_____/_____/_____ **Signature:** _____

To Be Completed by Employer: This enrollment is due to:

☐ Initial Enrollment ☐ Loss of coverage (Special Enrollment)
☐ Open Enrollment ☐ Qualified change in Family Status