

BENEFITS ENROLLMENT/CHANGE FORM

1. Employee Information

Last Name	First Name	Effective Date	Employee Number
Name of Spouse (Last, First)	Date of Birth (Spouse)	Social Security Number (Spouse)	Date of Marriage

If you are adding a dependent you must provide documentation to prove dependent status (see list of acceptable documents on reverse). If your **completed form(s) and proof documents are not received within 31 days of your qualifying event, your dependent(s) cannot be added to any Ecbytes plans and you will have to wait until the next Open Enrollment period to add them.** If you have any questions please send an e-mail to benefits@ecbytes.com

2. Please list participant(s)

	Check One	Name(s)	Check Applicable Box(es)							
	Add/Remove	Last Name	First Name, MI	Sex	Date of Birth	SSN	Medical *	Dental	Vision	Are you covering this child pursuant to a court order?
Employee	<input type="checkbox"/>									
Spouse	<input type="checkbox"/>									
Domestic Partner	<input type="checkbox"/>									Yes No
Child <i>Attach sheet to list additional children</i>	<input type="checkbox"/>									Yes No
	<input type="checkbox"/>									Yes No
	<input type="checkbox"/>									Yes No

3. Medical Option (please check one)

BCBS (Coverage is offered in all states.)	Cigna PPO (Coverage is offered in most states. Call Cigna PPO for in-network coverage area.)	Aetna EPO (Contact Aetna directly to request form. Coverage is offered in most states.)	Kaiser HMO (Completed HMO form must also be attached. Contact Kaiser directly to request form. Coverage is offered in CA only.)	Oxford HMO (Completed HMO form must also be attached. Contact Oxford directly to request form. Coverage is offered in NJ, NY, CT only.)	Healthnet HMO (Completed HMO form must also be attached. Contact Healthnet directly to request form. Coverage is offered in CA only.)
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4. Reason for Enrollment/Change (check one)

New Hire (Include Proof of Dependent Status documents ** if enrolling dependents.) (Include Proof of Dependent Status documents.**)	Marriage Newborn/Adoption/Legal Guardianship (Include Proof of Dependent Status documents.**)	Child no longer a student address of ex-spouse for COBRA	Divorce/legal separation (Include divorce decree, provide and answer the below question.) Address: _____
Loss of other coverage (Include Proof of Dependent Status documents** and a letter from former employer verifying the effective date.)		Other _____ ***See list of acceptable Proof of Dependent Status documents on reverse.	
		Are you currently covering stepchildren as a result of your former marriage? yes no	

I certify that the above information is complete, true, and accurate and I authorize Ecbytes to withhold from my pay the appropriate pretax contributions for any plans I have elected. I also understand it is my responsibility to keep Ecbytes informed of changes in my dependents' status. Failure to remove ineligible dependents may result in my overpayment of premiums, which are non-refundable. Misrepresentation or falsification of dependent proof records, misstating dependents on a benefit claim, or failure to notify the Company when a covered dependent is no longer an Eligible Dependent, like any other falsification of records, is also a serious disciplinary offense which could jeopardize my employment. Other penalties may include the denial of payment of benefits, suspension of coverage in the Plan and/or other legal action.

 Signature Date Number where you can be reached
 Return this form to the Ecbytes Benefits Department, 4475 South Clinton Ave, Suite # 208 South Plainfield, NJ 07080.