

Enrollment Form

Please complete and return to your Human Resources Department



Take Control. Enroll Today.

1. Personal Information

All sections must be completed. Optional information is noted. Please print clearly.

 First Name Middle Initial Last Name

 Street Address

 City State ZIP Code

 Best Phone Number to Reach Me: *(circle one)* Daytime, Evenings, Mobile Email Address

Spelman College

 Social Security Number Employer/Association Affiliation *(if applicable)*

 Date of Birth *MM/DD/YYYY* Gender *M/F* Date of Hire *MM/DD/YYYY*

2. Family Member Information *(if applicable)*

	First Name	Last Name	Gender M/F	Date of Birth MM/DD/YYYY
Spouse/ Domestic Partner				
Child(ren)				

For assistance in completing this enrollment form, call 800-247-4184.

3.

Plan and Premium

Please check the level of coverage.

- UltimateAdvisor**
 - Family \$22.50 Per Month

- LawPhone**
 - Family \$9.50 Per Month

- Cancel my participation in the plan**
Date of cancellation: _____

4.

Authorization

By signing below, I am requesting enrollment or cancellation in the legal plan indicated above. I understand that the change in coverage will not become effective until the date assigned by the underwriter of the plan. I authorize my employer to deduct or cancel deductions for the cost of the plan as shown above, and as may be modified or adjusted, from my wages or salary.

Enrollee Signature

Date

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Thank you for your business.

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