

## 2-in-1 Employee Benefit Designation Form

Group name: \_\_\_\_\_ Group number: \_\_\_\_\_

Policy effective date: \_\_\_\_\_ ☐ Check if Enrollment Application/Change of Information Form is attached.\*

\*Please note: If an employee is enrolling for the first time or if an employee wishes to add dependents, he or she must sign this form and fill out a separate Enrollment Application/Change of Information Form. If an employee wishes to cancel dependents, he or she must fill out a separate Member Cancellation of Coverage Form.

### Benefit plan \_\_\_\_\_

Employee name and signature

1. \_\_\_\_\_  
PRINTED NAME  
\_\_\_\_\_  
SIGNATURE
2. \_\_\_\_\_  
PRINTED NAME  
\_\_\_\_\_  
SIGNATURE
3. \_\_\_\_\_  
PRINTED NAME  
\_\_\_\_\_  
SIGNATURE
4. \_\_\_\_\_  
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SIGNATURE
5. \_\_\_\_\_  
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SIGNATURE
6. \_\_\_\_\_  
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SIGNATURE
7. \_\_\_\_\_  
PRINTED NAME  
\_\_\_\_\_  
SIGNATURE
8. \_\_\_\_\_  
PRINTED NAME  
\_\_\_\_\_  
SIGNATURE
9. \_\_\_\_\_  
PRINTED NAME  
\_\_\_\_\_  
SIGNATURE
10. \_\_\_\_\_  
PRINTED NAME  
\_\_\_\_\_  
SIGNATURE

### Benefit plan \_\_\_\_\_

Employee name and signature

1. \_\_\_\_\_  
PRINTED NAME  
\_\_\_\_\_  
SIGNATURE
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