

Mark all boxes and complete all sections that apply. Return completed form to your Human Resources Department.

APPLICANT	Your Name (Last, First, Middle)		Group Name Mesquite Independent School District		Group Number(s)
	Your Address		City	State	ZIP
	Your Soc. Sec. No.	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female		Job Title/Occupation
DISABILITY	<p><i>Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.</i></p> <p>Long Term Disability Your Choice/Educator Options</p> <p>Monthly Disability Benefit: \$_____</p> <p><i>Refer to the enrollment materials provided (Coverage Highlights), when choosing one from the following plan options:</i></p> <p><input type="checkbox"/> Option 1 <input type="checkbox"/> Option 5</p> <p><input type="checkbox"/> Option 2 <input type="checkbox"/> Option 6</p> <p><input type="checkbox"/> Option 3 <input type="checkbox"/> Option 7</p> <p><input type="checkbox"/> Option 4 <input type="checkbox"/> Option 8</p>				
	<p>CHANGE <i>Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.</i></p> <p><input type="checkbox"/> Name Change Former name _____ <input type="checkbox"/> Other _____</p>				
SIGNATURE	<p>I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change. If not electing Your Choice/Educator Options Group Voluntary LTD coverage, I understand that if I want to apply later, I must wait until my employer holds an annual enrollment.</p>				
	Member/Employee Signature Required				Date (Mo/Day/Yr)
<p>Human Resources Department - Complete this section. Retain form for your records.</p>					
Dvsn ID	Billing Cat.	Date of Hire/Rehire	Hrs. Worked Per Wk.	Earnings \$_____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr	