



PENNSAUKEN PUBLIC SCHOOLS

Central Administration | 1695 Hylton Road
 Pennsauken, NJ 08110 | 856.662.8505 | www.Pennsauken.net

EMPLOYEE PROFILE FORM

Last Name: _____	First Name, M.I.: _____
Street Address: _____	Home Phone: _____
City, State & Zip: _____	Job Title: _____
Social Security #: _____	School/Location: _____
Date of Birth: _____	Marital Status: S M W D

Ethnicity: White Black Hispanic Asian American Indian/Alaskan Two or more races

Health Benefit Status

Coverage Type [Check One]: Single Husband/Wife Parent/Child Family

Available Coverage: AmeriHealth NJEHP NJEHP Rx [Prescription]

Available Coverage: Garden State NJ Plan Garden State Rx [Prescription]

I decline health benefits: All or Partial

I am not eligible for coverage at this time:

Spouse/Dependent Information

First Name, M.I. & Last Name	Social Security #	Date of Birth	Age	Dependent 19 Years Old or Older Y/N ?
Spouse	- -	/ /		
Dependent # 1	- -	/ /		Yes No
Dependent # 2	- -	/ /		Yes No
Dependent # 3	- -	/ /		Yes No
Dependent # 4	- -	/ /		Yes No
Dependent # 5	- -	/ /		Yes No
Dependent # 6	- -	/ /		Yes No
Dependent # 7	- -	/ /		Yes No

Employee Signature

Date