

Hempstead School District VISION BENEFITS ENROLLMENT/CHANGE FORM INCOMPLETE FORMS WILL NOT BE PROCESSED

MEMBER INFORMATION New Enrollment Change

Last Name	Address
First Name	City
Middle Name	State Zip Code
Contact Phone	SSN#
D.O.B.	
GENDER <input type="radio"/> Male <input type="radio"/> Female	
MARITAL STATUS <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Domestic Partnership <input type="radio"/> Divorced/Widowed	

DEPENDENTS INFORMATION: Spouse, Domestic Partner & Unmarried dependent Children. Dependents between 19 and 25 years of age covered only if enrolled in college full-time.

<input type="radio"/> Add <input type="radio"/> Remove	<input type="radio"/> Add <input type="radio"/> Remove
Last Name	Last Name
First Name	First Name
D.O.B.	D.O.B.
GENDER <input type="radio"/> Male <input type="radio"/> Female	
RELATIONSHIP <input type="radio"/> Spouse/D.P. <input type="radio"/> Child	
<input type="radio"/> Add <input type="radio"/> Remove	<input type="radio"/> Add <input type="radio"/> Remove
Last Name	Last Name
First Name	First Name
D.O.B.	D.O.B.
GENDER <input type="radio"/> Male <input type="radio"/> Female	
RELATIONSHIP <input type="radio"/> Spouse/D.P. <input type="radio"/> Child	
<input type="radio"/> Add <input type="radio"/> Remove	<input type="radio"/> Add <input type="radio"/> Remove
Last Name	Last Name
First Name	First Name
D.O.B.	D.O.B.
GENDER <input type="radio"/> Male <input type="radio"/> Female	
RELATIONSHIP <input type="radio"/> Spouse/D.P. <input type="radio"/> Child	

MEMBER SIGNATURE

Signature	Date
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RETURN FORM TO: Sylvia Hargrove or Mark Valerie in Human Resources Department

FAX NUMBER: (516)292-3115