0HGLFDO &ROOHJH RI :LVFRQVLQ $IILOLDW

:36 ±+($/7+ ,1685$1&((152//0(17 ,1)250$7,21

1(: (PSOR\HH \RX ZLOO UHFHLYH 2IIHU/HWWHU \RXU HQUROOPHQW DV SDUW RI \RXU 1HZ (
3DFNHW

*5$'8$7,1* 7(50,1* (PSOR\HH \RX ZLOO UHFHLYH &2%5$ SDFNHW DERXW FRQWLQXDWLRQ

(;,67,1* (PSOR\HH 7KHUH LV 118/ 23(1 (152//0(17 3(5,2' IRU +HDOWK LQV
ODWH +XQH IRU FKDQJHV ZLOO EH HIIHFWLYH WKH IROORZLQJ SODQ
\HDU

<RX FDQ DGG LQFUHDVH VLQJOH WR IDPLO\ ZDLYH FRYHUDJH GXULQJ
DQQXDO RSHQ HQUROOPHQW SHULRG ,I \RX PDNH QR FKDQJHV \RXU HQ
IRU WKH QH[W SODQ \HD

7KH RSHQ HQUROOPHQW IRUPV +HDOWK LQVXUDQFH HOHFWLRQ PXVW EH FRPSOHWHG DQG
UHFHLYHG E\ WKH LQVXUDQFH FRPSDQ\ 7KH HIIHFWLYH GDWH LV 12 H[FHSWLRQ

0DLO &RPSOHWHG (QUROOPHQW &KDQJH)RUP WR :$)+ 3RWWHUWRZQ 3ODQN 5RDG 0LO
25

)$; &RPSOHWHG (QUROOPHQW)RUP WR ZDLW XQWLO WK

HQH[W DQQXDO HQUROOPHQW
FKDQJH

4XDOLI\LQJ (YHQWV ” 1,) $YHUDJH LV WKH GDWH RI PDUU

7KH HQUROOPHQW FKDQJH IRUP P
WKH PDUULDJH

E $GG 1HZ &KLOG WR ([LVWLQJ &RYHUDJH 8VH \RXU (PSOR\HH ,' VKRXOG \RX
FDQ HPDLO \RXU 1HZ &KLOG¶V QDPH WR KU#PFZ HGX ZLWKLQ GD\V RI WKH ELU

F &KDQJLQJ IURP 6LQJOH WR)DPLO\ /RVV RI FRYHUDJH 1HZ ERUQ 8QGHU WKH
LV SURRI RI SULRU FRYHUDJH HQUROOPHQW RI WKH QHZ FKLOG 7KH H[WHQGHG FRYHU
EH\RQG WKH GDWH RI HQUROOPHQW RU WKH GDWH RI WKH FRYHUDJH FKDQJH RI WKH
HYHQW DQG WKH HIIHFWLYH GDWH RI WKH FKDQJH LV WKH GDWH RI WKH
HQUROOPHQW FKD

* ?QVXUDQFH ?QFRPH ?QUROOPHQW RYHU 323RF

payroll deductions for the employee portion of the premiums.

WPS HEALTH INSURANCE

1717 W. Broadway — P.O. 8190 — 53708-8190

Employee Information This section to be completed by your e

as the **employee**, you must be applying for c

☐ Adoption of a child ☐ Marriage ☐ Other

☐ Applying for continued coverage under COBRA plan date

☐ Adding a Dependent ☐ Deleting a Dependent Name:

Date:

Coverage

Last Name First Name Middle Initial

What is the first date you worked/retired full-time with your current employer?

Section IV. and VII.

Declaration of Domestic Partnership

Student Status

SPOUSE or DOMESTIC PARTNER Name:

03

Date of Birth/Adoption Social Security #

☐ Grandchild

Full Time Student: ☐ Y ☐ N ☐ Domestic Partner's Child

04 **Dependent Name:**

Gender: ☐ M ☐ F ☐ Child ☐ Stepchild

☐ Grandchild

Full Time Student: ☐ Y ☐ N ☐ Domestic Partner's Child

Gender: ☐ M ☐ F ☐ Child ☐ Stepchild

☐ Grandchild

Full Time Student: ☐ Y ☐ N ☐ Domestic Partner's Child