



**MEMBERSHIP ENROLLMENT FORM
CHOICE NETWORK**

School Name: _____

Employee Name: _____

Employee's Social Security Number: _____

Employee's Date of Birth: _____

Effective Date: _____

I elect:

PLAN B WITH PROGRESSIVES			
Employee Only Coverage (C):	\$ 8.84	<input type="checkbox"/>	Yes
Employee + Spouse (B):	\$17.70	<input type="checkbox"/>	Yes
Employee + Child (ren) (D):	\$18.92	<input type="checkbox"/>	Yes
Employee + Family (A):	\$30.24	<input type="checkbox"/>	Yes
Waive Coverage:	N/A	<input type="checkbox"/>	Yes

Signature _____

Date _____

AGENTS: Please Remember to Complete your Enrollment Spreadsheet