

## MAXORPLUS Membership Eligibility Form

Member Information							
Plan Name:	Ventnor BOE						
Member Name:	First	M.I.	Last				
Social Sec. #:							
Person Code:	01						
Group #:	VENT0701						
Effective Date:							
Birthdate:							
Address:	Street or P.O. Box	City	State Zip				
			<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 2px;">New Member</td> <td style="padding: 2px;">Delete Member</td> </tr> <tr> <td style="text-align: center;">(M)</td> <td style="text-align: center;">(F)</td> </tr> </table> <p style="text-align: center; margin-top: 5px;">(Check One)</p>	New Member	Delete Member	(M)	(F)
New Member	Delete Member						
(M)	(F)						

### Dependents' Information

<b>SPOUSE</b>			
Name:			Add or Delete Dependent
Person Code #:	02		Sex
Effective Date:			(M) (F)
Birthdate:			
Name:			Add or Delete Dependent
Person Code #:	03		Sex
Effective Date:			(M) (F)
Birthdate:			
Name:			Add or Delete Dependent
Person Code #:	04		Sex
Effective Date:			(M) (F)
Birthdate:			
Name:			Add or Delete Dependent
Person Code #:	05		Sex
Effective Date:			(M) (F)
Birthdate:			
Name:			Add or Delete Dependent
Person Code #:	06		Sex
Effective Date:			(M) (F)
Birthdate:			

**Please Fax to MAXORPLUS: (806) 324-5552**

Date and Time Faxed: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

HR Signature \_\_\_\_\_