

INSTRUCTIONS FOR COMPLETION OF THE GSEU PS-404G FORM

INDIVIDUAL COVERAGE

EMPLOYEE INFORMATION (PLEASE WRITE CLEARLY and COMPLETE ALL ITEMS)

- #2 Social Security Number: if you are international and do not yet have a social security number please leave this blank. YOU WILL NEED TO APPLY FOR A SOCIAL SECURITY NUMBER IMMEDIATELY. Please bring the social security card into our office as soon as you receive it, as we cannot enroll you for health insurance without this number.
- #4 Address: This is where your insurance cards will be mailed. Be sure to keep your address up to date with HR.
- #7 Date of Birth: Month/Day/Year
- #9 Marital Status: if you are anything other than single, complete the corresponding date
- #10 Covered under Medicare? In most cases -NO- unless you are enrolled due to a disability or age 65
- #11A Select "**Individual**"
- #11B Select and initial (See Pre-tax contribution program fact sheet included in packet) **DEFAULT IS PRE-TAX**

Authorization

On reverse side only Sign and Date at the Employee Signature line

REQUIRED SUPPORTING DOCUMENTATION: COPY OF BIRTH CERTIFICATE AND SOCIAL SECURITY CARD

FAMILY COVERAGE

EMPLOYEE INFORMATION (PLEASE WRITE CLEARLY and COMPLETE ALL ITEMS)

- #2 Social Security Number: if you are international and do not yet have a social security number please leave this blank. YOU WILL NEED TO APPLY FOR A SOCIAL SECURITY NUMBER IMMEDIATELY. Please bring the social security card into our office as soon as you receive it, as we cannot enroll you for health insurance without this number.
- #4 Address: This is where your insurance cards will be mailed. Be sure to keep your address up to date with HR.
- #7 Date of Birth: Month/Day/Year
- #9 Marital Status: if you are anything other than single, complete the corresponding date
- #10 Covered under Medicare? In most cases -NO- unless you are enrolled due to a disability or age 65
- #11A Select "**Family**"
- #11B Select **and initial** (See Pre-tax contribution program fact sheet included in packet) **DEFAULT IS PRE-TAX**
- #13 List all dependents you wish to cover (if your dependent is international and does not qualify for a social security number please write N/A in the Social Security Number box)

Authorization

On reverse side only Sign and Date at the Employee Signature line

REQUIRED DOCUMENTATION COPIES SUBMITTED WITH FORM TO HUMAN RESOURCES:

- SOCIAL SECURITY CARD FOR ENROLLEE
- SOCIAL SECURITY NUMBERS ALL DEPENDENTS (IF APPLICABLE)
- BIRTH CERTIFICATES FOR ENROLLEE AND ALL DEPENDENTS
- MARRIAGE CERTIFICATE (IF APPLICABLE)
- IF MARRIED MORE THAN 1 YEAR – PROOF OF JOINT FINANCIAL WITHIN THE PAST YEAR
(Ex: Copy of federal tax return; current joint bank statement; current mortgage statement)