**Instructions for Completing Critical Illness/Cancer and Accident Benefit Enrollment Form**

**Section 1:**

* Date Effective = 01/01/16
* Type of Activity = New Enrollment
* All other fields can remain blank.

**Section 2:**

* Complete all fields.
* Date Employed – select either full-time or part-time and indicate your initial date of enrollment underneath your selection.
* Current Active Employment Type – list the number of hours per week you work and mark either full-time or part-time
* Employee Status – select either salary or hourly (classified staff) and union or non-union
* Salary – enter current annual salary

**Section 3:**

* Must complete both the Critical Illness and Cancer Insurance Coverage and Accident Coverage sections.
* If you are declining both coverages, mark the boxes under “Refuse”, then skip to section 6 to sign and date the form.
* If you wish to enroll in one or both coverages, mark “Elect” under the coverage you are selecting and indicate coverage type and/or coverage amount elected.
* Under Critical Illness and Cancer Insurance Coverage, you must mark whether or not you are a smoker.

**Section 4:**

* Complete this section if you are selecting coverage for your spouse and/or dependent children.

**Section 5:**

* If you are electing Accident Coverage, provide primary and secondary beneficiary information in this section.

**Section 6:**

* Read, sign and date this section.

**PLEASE CONTACT HUMAN RESOURCES AT 6-2752 IF YOU HAVE ANY QUESTIONS**