BENEFITS ENROLLMENT/CHANGE FORM

1. Employee Information

Last Name	First Name	Effective Date	Employee Number
Name of Spouse (Last, First)	Date of Birth (Spouse)	Social Security Number (Spouse)	Date of Marriage

If you are adding a dependent you must provide documentation to prove dependent status (see list of acceptable documents on reverse). If your **completed form(s) and proof documents are not received within 31 days of your qualifying event, your dependent(s) cannot be added to any Ecbytes plans and you will have to wait until the next Open Enrollment period to add them.** If you have any questions please send an e-mail to **benefits@ecbytes.com**

2. Please list participant(s)

	Check One		Name(s)					Check Applicable Box(es)			
	Add/	Remove	Last Name	First Name , MI	Sex	Date of Birth	SSN	Medical *	Dental	Vision	Are you covering this child pursuant to a court order?
Employee											
Spouse											
Domestic Partner											**Yes No**
Child *Attach sheet to list additional children*											**Yes No**
											Yes No
											Yes No

3. Medical Option (please check one)

BCBS (Coverage is offered in all states.)	**Cigna PPO** (Coverage is offered in most states. Call Cigna PPO for in-network coverage area.)	**Aetna EPO** (Contact Aetna directly to request form. Coverage is offered in most states.)	**Kaiser HMO** (Completed HMO form must also be attached. Contact Kaiser directly to request form. Coverage is offered in CA only.)	**Oxford HMO** (Completed HMO form must also be attached. Contact Oxford directly to request form. Coverage is offered in NJ, NY, CT only.)	**Healthnet HMO** (Completed HMO form must also be attached. Contact Healthnet directly to request form. Coverage is offered in CA only.)

4. Reason for Enrollment/Change (check one)

New Hire *(Include Proof of Dependent Status documents ** if enrolling dependents.)* **Marriage** (*Include Proof of Dependent Status documents.***) **Newborn/Adoption/Legal Guardianship** *(Include Proof of Dependent Status documents.***) **Loss of other coverage** *(Include Proof of Dependent Status documents** and a letter from former employer verifying the effective date.)* **Other (explain)**_____ ******See list of acceptable Proof of Dependent Status documents on reverse.***

Child no longer a student **Divorce/legal separation** *(Include divorce decree,* provide address of ex-spouse for COBRA and answer the below question.)

Address:_____

_____

Are you currently covering stepchildren as a result of your former marriage?

yes no

I certify that the above information is complete, true, and accurate and I authorize Ecbytes to withhold from my pay the appropriate pretax contributions for any plans I have elected. I also understand it is my responsibility to keep Ecbytes informed of changes in my dependents' status. Failure to remove ineligible dependents may result in my overpayment of premiums, which are non-refundable. Misrepresentation or falsification of dependent proof records, misstating dependents on a benefit claim, or failure to notify the Company when a covered dependent is no longer an Eligible Dependent, like any other falsification of records, is also a serious disciplinary offense which could jeopardize my employment. Other penalties may include the denial of payment of benefits, suspension of coverage in the Plan and/or other legal action.

_____ _____ _____

Signature **Date** **Number where you can be reached**

Return this form to the Ecbytes Benefits Department, 4475 South Clinton Ave, Suite # 208 South Plainfield , NJ 07080 .