

EVT Enrollment/ Termination/ Change Form

Group Name: _____

Group Number: _____

Signature of Authorized Officer, Partner or Proprietor _____

Date: _____



Social Security #	Name			Sub Group	Date of Birth Mo Day Yr	Add, Terminate Change Status*	Date of Hire for Enrollment Mo Day Yr	Last Day Worked for Termination MO DAY YR.	Marital Status S or M	Coverage** E,D,F,R,SW
	Last	First	MI							