



Employee Application for BCBS – 8.1.2018 – 8.1.2019

Section 1: Employee Information			
Last Name	First Name	Date of Birth	Social Security Number
Street Address		City, State, Zip	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Name of Employer 3B Inspection Services LLC	Date of Hire	Email Address

Section 2: Dependent Information				
<input type="checkbox"/> Husband <input type="checkbox"/> Wife	Last Name	First Name	Date of Birth	Social Security Number
<input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Other:	Last Name	First Name	Date of Birth	Social Security Number
<input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Other:	Last Name	First Name	Date of Birth	Social Security Number
<input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Other:	Last Name	First Name	Date of Birth	Social Security Number

If additional space is needed, please attach additional sheet

Section 3: Coverage Options and Election	
<input type="checkbox"/> Employee Only	<input type="checkbox"/> Base Plan: \$5,000D – MTBCP713 <input type="checkbox"/> Buy-up 1: \$2,500D – MTCBP809 <input type="checkbox"/> Buy-up 2: \$1,000D – MTBCP803
<input type="checkbox"/> Employee & Spouse	
<input type="checkbox"/> Employee & Child(ren)	
<input type="checkbox"/> Employee & Family	
<input type="checkbox"/> I am waiving health coverage	

Section 4: Signature	
Signature	Date