



<b>SPOUSE/DOMESTIC PARTNER TO BE ENROLLED OR TERMINATED:</b>			
<input type="checkbox"/> Enroll <input type="checkbox"/> Term		Relationship to Employee: <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner	
First Name:		Last Name:	Suffix
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:        /        /	
Plan Selection(s): <input type="checkbox"/> CoPower ONE <input type="checkbox"/> CoPower SUITE <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Life <input type="checkbox"/> Landmark			
Address (if different):			
City:		State:	Zip:
<b>DEPENDENT CHILD(REN) TO BE ENROLLED OR TERMINATED:</b>			
<input type="checkbox"/> Enroll <input type="checkbox"/> Term		Relationship to Employee: <input type="checkbox"/> Child <input type="checkbox"/> Disabled Child	
First Name:		Last Name:	Suffix
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:        /        /	
Plan Selection(s): <input type="checkbox"/> CoPower ONE <input type="checkbox"/> CoPower SUITE <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Life <input type="checkbox"/> Landmark			
Address (if different):			
City:		State:	Zip:
<input type="checkbox"/> Enroll <input type="checkbox"/> Term		Relationship to Employee: <input type="checkbox"/> Child <input type="checkbox"/> Disabled Child	
First Name:		Last Name:	Suffix
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:        /        /	
Plan Selection(s): <input type="checkbox"/> CoPower ONE <input type="checkbox"/> CoPower SUITE <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Life <input type="checkbox"/> Landmark			
Address (if different):			
City:		State:	Zip:
<input type="checkbox"/> Enroll <input type="checkbox"/> Term		Relationship to Employee: <input type="checkbox"/> Child <input type="checkbox"/> Disabled Child	
First Name:		Last Name:	Suffix
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:        /        /	
Plan Selection(s): <input type="checkbox"/> CoPower ONE <input type="checkbox"/> CoPower SUITE <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Life <input type="checkbox"/> Landmark			
Address (if different):			
City:		State:	Zip:
<b>EMPLOYEE SIGNATURE:</b>			<b>SIGNATURE DATE:</b> /        /