I.B.E.W. Local No. 640 • 2001 W. Camelback Road • Suite B350 • Phoenix, Arizona 85015

1-800-553-2801 • 602-200-2498 • Fax: 602-248- 8301

OPEN ENROLLMENT FORM

A. PARTICIPANT INFORMATION

LAST NAME	SR/JR	FIRST NAME	MIDDLE NAME

SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	PHONE NO.	LOCAL NO.

STREET OR PO BOX	CITY	STATE	ZIP CODE

EMAIL ADDRESS

CONSENT TO ELECTRONIC DISCLOSURES

☐ Please check this box if you would like to receive notices via the email address above. The Plan will provide any Summary Plan Description, Summary of Benefits and Coverage, Summary of Material Modifications, Summary Annual Report, and other required disclosures via the email address given. Please note that you may revoke this authorization at any time or request paper versions of any documents furnished electronically by contacting the Administrative Office at 1-800-553-2801 or at 1-602-200-2498.

If you are adding a Spouse or Dependent please provide the following information, if applicable.

1. Marriage Certificate.
2. Birth Certificate of Natural Born Dependents.
3. Divorce Decree if you are divorced and requesting coverage for natural born dependents.
4. Spouse's divorce decree if you are requesting coverage for his/her natural born dependents.

B. SPOUSE INFORMATION

***You are required to notify the Administrative Office if your marital status changes.

LAST NAME	SR/JR	FIRST NAME	MIDDLE NAME

SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	EMPLOYER'S NAME.	LOCAL NO.

EMPLOYER'S PHONE NO.	NAME OF OTHER GROUP INSURANCE	PHONE NO OF OTHER GROUP INSURANCE

C. DEPENDENTS / CHILDREN INFORMATION

ID	NAME	SOCIAL SECURITY NUMBER (Required By Federal Law)	SEX	RELATIONSHIP	DATE OF BIRTH	OTHER GROUP COVERAGE (Yes OR No)	NAME OF OTHER GROUP INSURANCE

D. MEDICAL PLAN ELECTION (CHECK ONLY ONE BOX)

☐ **CIGNA LOCALPLUS PLAN** ☐ **CIGNA OPEN ACCESS PLAN (OAP)**

Note: If Enrollment Form is not returned to the Administrative Office by the required date you will be enrolled in the Cigna LocalPlus Plan.

Participant's Signature	Date Signed
X	