First Service Administrators, Inc.
780 W. Granada Blvd, Suite 250
ORMOND BEACH, FL 32173

Group Name: Bulloch County	Group # 50706	Plus ☐	Basic ☐

Employee Name: _____ ( )
Last First M.I. Home Phone

Home Address: _____
Street No.

_____
City State Zip Code

Social Security Number	Date of Birth	☐ Retired ☐ COBRA ☐ Active	☐ Male ☐ Female	☐ Single ☐ Widowed ☐ Married ☐ Divorced

Effective Date	Employment Date		Occupation	

Coverage Election:

☐ Employee only	☐ Employee & child(ren) Only	☐ Employee & Spouse Only	☐ Family
☐ Medical	☐ Medical	☐ Medical	☐ Medical
☐ Dental	☐ Dental	☐ Dental	☐ Dental

LIST ONLY ELIGIBLE FAMILY MEMBERS TO BE COVERED:

Name	Gender	Date of Birth	Social Security Number	Relationship
	[blank]			[blank]
	[blank]			[blank]
	[blank]			[blank]
	[blank]			[blank]
	[blank]			[blank]

Are you or your dependent(s) covered under another group plan? ☐ Yes ☐ No If yes, ☐ Myself ☐ My Dependent(s)
Plan Name and Address: _____ Group Plan #: _____ Effective Date: _____
Spouse's Employer: _____ Phone #: _____

COVERAGE ACCEPTANCE (Read before signing)

I hereby (1) enroll for the coverage(s) for which I am or may become eligible under this Plan; (2) authorize the required deductions, if any, from my earnings; (3) designate the beneficiary named on this form to receive the benefits, if any, payable in the event of my death; and (4) certify that all information disclosed on this form is correct.

_____ _____
SIGNATURE OF APPLICANT DATE

REFUSAL OF COVERAGE

I am REFUSING COVERAGE for: ☐ Myself ☐ Spouse ☐ Child(ren)

Reason for REFUSAL:

_____

_____ _____
SIGNATURE OF APPLICANT DATE