

<b>CIGNA Health Insurance Enrollment/Change Form</b>				<b>Open Enrollment:</b>		<b>Effective Date :</b>				
				<b>New Enrollment :</b>						
				<b>Change:</b>						
				<b>Re-instate:</b>						
<b>Type of Change:</b>										
<b>Add Dependents:</b>				<b>Cancel Employee:</b>		<b>Cancel Dependents:</b>		<b>Address Change:</b>		
<b>Reason:</b>				<b>Reason:</b>		<b>Reason:</b>				
<b>Open Enrollment</b>								<b>Retirement:</b>		
<b>Employer Name:</b> Wabash College										
<b>Address:</b> P.O. Box 352										
Crawfordsville, IN 47933					<b>Group #:</b> 3207848					
<b>Employee Information:</b>										
<b>Employee Name:</b>		<b>Soc.Sec. #</b>		<b>Employee DOB:</b>		<b>Employee Gender</b>				
<b>Employee Address:</b>				<b>Employee Phone #:</b>		<b>Employee Annual Salary:</b>				
<b>Dependent Information if Applicable:</b>										
<b>Dependent Name:</b>		<b>Soc. Sec. #</b>		<b>Gender:</b>	<b>Relationship:</b>	<b>DOB</b>	<b>Full Time Student?</b>			
<b>Submitted by:</b>		Catherine A. Metz				<b>Employee Signature:</b>				
		Wabash College Human Resource Manager								
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		Fax: 765-361-6433								
		e-mail: metzc@wabash.edu								