



**CHRISTIAN
BROTHERS
SERVICES**

Employee Benefit Trust
1205 Windham Parkway
Romeoville, IL 60446
800.807.9460 / 630.378.3005 fax

LATE ENTRANT/PRIOR WAIVER FORM

When to use this form: At the time you were first eligible to enroll, you waived coverage or did not complete your enrollment application within 31 days of eligibility or do not qualify as a special enrollment.

Please Note: Benefits will not be effective until the first of the month following a six month deferral period. The six month deferral period begins on the day we receive the form. Once enrolled, there will be a twelve month preexisting condition period (less prior creditable coverage if applicable) and deferred dental. You will receive a letter informing you of the effective date of coverage.

1. Employer Section (Please print or type)

Location Name:				Location#:	
Employee's Last Name:			First Name:		
Employee's Home Address		Street:			
City:		State:		Zip Code:	
Employee's Soc. Sec. #:					

2. Employee Section

I request to be covered under the Group Plan with the following coverage's:

- Employee Only **or** Employee and Eligible Dependents (as defined in Your Employee Benefits booklet)
- Medical Dental (if applicable) Vision

Please Complete section below if selecting dependent coverage.

Must be completed entirely or can result in delay.

List the name of each dependent and answer each question for each dependent.	Social Security Number	Birthdate MM/DD/YY	Sex F/M	Natural/Adopted Child	Are you legal Guardian	Step-child	Handicapped
Spouse:							

List Children Below

1.	2.	3.	4.	5.	6.

NOTE: For Step-Children or any child for whom you have legal guardianship, a *DEPENDENT ELIGIBILITY FORM* must also be completed. If you are required to complete the Dependent Eligibility Form, coverage will not take effect until after approved by **CHRISTIAN BROTHERS EMPLOYEE BENEFIT TRUST** in writing.

***Please submit proof of legal guardianship.**

Signature of Employee:		Date:	
------------------------	--	-------	--

ENROLLMENT USE ONLY:

Effective Date of Coverage:		Date Received:	
Letter Sent to:	<input type="checkbox"/> Employer <input type="checkbox"/> Employee		