

# Enrollment Form

Please mail completed form to:

Attn: Insurance and Benefits-City of Albuquerque, PO Box 1293, Albuquerque, NM 87103  
or fax to 505-768-3760



**Enroll today to protect your family, finances and future.**

## 1. Enrollee Information All sections must be completed. Optional information is noted. Please print clearly.

First	Middle Initial	Last
Street Address		
City	State	ZIP Code
Best Phone Number to Reach Me: <i>(circle one)</i> Daytime, Evenings, Mobile		E-mail Address
Employee ID Number	Employer/Association Affiliation <i>(if applicable)</i> Sandoval County 16742-0001-0004	
Date of Birth <i>MM/YYYY</i>	Gender <i>M/F</i>	Date of Hire <i>(optional)</i>

## 2. Coverage and Family Information

Effective Date: \_\_\_\_\_

*Please check the level of coverage*

- |   |  |
|---|--|
| <input type="checkbox"/> <b>UltimateAdvisor</b><br><input type="checkbox"/> Individual: \$8.63 bi-weekly<br><input type="checkbox"/> Two-Party: \$10.75 bi-weekly<br><input type="checkbox"/> Family: \$11.03 bi-weekly | <input type="checkbox"/> <b>Cancel my participation in the plan</b><br><input type="checkbox"/> <b>Change my level of coverage</b> |
|---|--|

	First Name	Last Name	Gender M/F	Date of Birth MM/YYYY
Spouse/Domestic Partner				
Child(ren)				

## 3. Authorization

By signing below, I am requesting enrollment or cancellation in the legal plan indicated above. I understand that the change in coverage will not become effective until the date assigned by the underwriter of the plan. I authorize my employer to deduct or cancel deductions for the cost of the plan as shown above, and as may be modified or adjusted, from my wages or salary.

\_\_\_\_\_  
Enrollee Signature Date

**Please complete this form and return it to:** Attn: Insurance and Benefits-City of Albuquerque, PO Box 1293, Albuquerque, NM 87103 or fax to 505-768-3760.

Limitations and exclusions apply. Insurance products are underwritten by ARAG® Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call our toll-free number.

**For assistance in completing this enrollment form, call 800-247-4184.**