



ENROLLMENT FORM-NEW EMPLOYEE OR CHANGE OF FAMILY STATUS (HF-1)

Check one: [] New employee [] Add a new family member [] Remove a family member

Name of employee: Family Name, First Name, Middle Initial
Medical plan: Base, Access Coverage
Sex: [] F [] M Marital status: [] Married [] Single Date of birth:
FSC/PAYROLL NATIONAL ID

Name of spouse:
Name of spouse: Family Name, First Name, Middle initial
Date of birth: Sex: F M Date of Marriage:
Is spouse employed? [] Yes [] No Is spouse insured? [] No [] Locally [] Other
NATIONAL ID :

Name of children:
Table with columns: Family name, first name; National ID; Sex (F, M); Date of birth (mm, day, yyyy); Is child married? (Y, N); Is child employed on a full-time basis? (Y, N)

* Children must be unmarried and financially dependent upon the LE Staff. A Child will be covered until the end of the contract year in which s/he reaches age 26.

Authorization to obtain information:

I authorize physician, hospital, clinics, dispensaries, druggist and all other agencies to release medical information about me and my eligible family members to ELSIG or their representatives. I authorize the US Government to make the necessary deductions from my salary payment to cover premiums.

I certify that the facts presented above are correct. I understand that it is my duty to notify the HR office immediately of any changes.

Employee's signature (name and surname) : Date:

For Official use

Circle as applicable- Attached certificates: Marriage - Birth - Adoption - Guardianship - Death - Divorce

Table with 3 columns: For Official Use Only; Decrease / Increase; Decrease / Increase. Rows include Plan (confirmation), Effective date, Copy of this form sent to Contracting Officer, Telegram sent to FSC/PAYROLL, xxx notified of change, Database updated.

An Employee making false or misleading statements on enrollment forms, reimbursement claims or other related documents or attempting in this or some other manner to improperly obtain payment under this Medical Plan shall be subject to disciplinary action, which action may include separation.

The completed enrollment form must be sent electronically to these email:

dominik.berisha@kselsig.com ; astrit.mehaj@kselsig.com