

# LAKELAND SCHOOL DISTRICT

## Insurance Demographic & Dependent Audit

For plan year July 1, 2018 – June 30, 2019

**In order for the District to provide the appropriate insurance plan, the District requires that you complete the following form and return by June 30, 2018**

Employee Name \_\_\_\_\_ DOB \_\_\_\_\_

Current Address \_\_\_\_\_  
 \_\_\_\_\_

Please identify the type of coverage you require, effective July 1, 2018. If dependents are added or removed, please complete the appropriate form in the District Office.

**Group Healthcare**

**Group Dental**

**Group Vision**

Individual

Individual

Individual

Husband/Wife

Family

Family

Parent/Child

Opt-Out \*

Opt-Out \*

Parent/Children

Family

Opt-Out \* (Check plan above)

**As of July 1<sup>st</sup> 2018, please list all dependents and dates of birth (if more space is needed, use the back of this form):**

Dependent Name	Date of Birth MM/DD/YEAR	Social Security Number	Relationship

**The information above is true & accurate**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

\* I understand that I may re-enroll at any time, by completing all necessary applications for re-enrollment.