

Company Name: \_\_\_\_\_

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## New Hire Notification

Prepared By: \_\_\_\_\_

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

SSN: ____-____-____	First, Middle, Last Name:
Mailing Address City State Zip:	
Phone:	E-mail Address:
Date of Birth: (Month Day Year)	Date of Hire:
Gender: Male/Female	
Marital Status: Single Married Divorced Legal Separation	Original effective date of coverage:

### Family Members

First Name: If last name is different, asterisk and indicate at bottom.	SSN – if available	Spouse or Child	Gender: M or F	DOB:	Address, if different

\* Last Name: