



Group Number: #312743
 Existing member? Yes No
 Effective Date of Change : 11/1/16

**THIS IS NOT AN APPLICATION
 FOR INSURANCE**

Team # **K**

MRSPA ELECTION CHANGE FORM

Please Type or Print Clearly

Name _____ Last First M.I.	Sex _____ M/F	Birthdate _____/_____/_____ Month Day Year
Address _____ _____	Social Sec. No. _____ - _____ - _____	Home Phone () _____
City _____ State _____ Zip _____	Marital Status _____ (S/M/D/W)	
E-mail Address _____		

<p>DENTAL Carrier: METLIFE Group #: 165216</p> <p><input type="checkbox"/> PPO PREMIER PLAN <input type="checkbox"/> PPO SELECT PLAN <input type="checkbox"/> PPO BASIC PLAN</p> <p><input type="checkbox"/> Individual <input type="checkbox"/> Parent/Child(ren) <input type="checkbox"/> Husband/Wife <input type="checkbox"/> Family <input type="checkbox"/> Waive Coverage</p>	<p>VISION Carrier: METLIFE Group #: 165216</p> <p><input type="checkbox"/> VISION PLAN</p> <p><input type="checkbox"/> Individual <input type="checkbox"/> Parent/Child(ren) <input type="checkbox"/> Husband/Wife <input type="checkbox"/> Family <input type="checkbox"/> Waive Coverage.</p>
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I am interested in receiving information regarding the Long Term Care Plans being offered to the MRSPA.

Complete This Section if Dependent Coverage Requested:

Full Name (First, M.I., Last)	Social Security No.	Birthdate (M/D/Y)	Full Time Student Over19 (Y/N)	Handi- capped (Y/N)	Medi- care (Y/N)
Spouse _____	_____ - _____ - _____	____/____/____	N/A	_____	_____
Child _____	_____ - _____ - _____	____/____/____	_____	_____	_____
Child _____	_____ - _____ - _____	____/____/____	_____	_____	_____
Child _____	_____ - _____ - _____	____/____/____	_____	_____	_____

Full Time (12 credit hrs.) Unmarried Student Name: _____	School _____	Grad. Mo/Yr _____	Full Time (12 credit hrs.) Unmarried Student Name: _____	School _____	Grad. Mo/Yr _____
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SIGNATURE _____ DATE _____

Open Enrollment: Fax to 410-512-3840 or
 Mail: BenefitMall, PO Box 42827, Baltimore, MD 21284-2827
 Attention: Enrollment Department
 For more information contact Academy Financial Benefits Services
 Monday through Friday 8 am to 4:30 pm at 866-571-5962

MRSPA_Election
 revised 8/20/16