



Enrollment/Change Form

Please print and complete **all** sections. See instructions below.

| EMPLOYER INFORMATION | | | | |
|----------------------|--|---------------|---------------|----------------|
| Group Number | Employer Name Savanna Energy Services | Location Code | Division Code | Effective Date |

| EMPLOYEE INFORMATION A: Add (enroll) T: Terminate C: Change (change of name, address or phone) | | | | | | |
|--|---|---------------------|------------------------------------|----------------|------|-------------------|
| <input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Member ID | Last Name (Employee or subscriber) | First Name | M.I. | Date of Birth |
| Social Security Number | | Home Street Address | | City/State/Zip | | Home Phone () |

| FAMILY INFORMATION (Only those eligible may be enrolled.) A: Add (enroll) T: Terminate C: Change (change of name) | | | | | | |
|---|---|-----------------------|------------|------|---------------|------------------------|
| <input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Last Name (spouse) | First Name | M.I. | Date of Birth | Social Security Number |
| <input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Last Name (dependent) | First Name | M.I. | Date of Birth | Social Security Number |
| <input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Last Name (dependent) | First Name | M.I. | Date of Birth | Social Security Number |
| <input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Last Name (dependent) | First Name | M.I. | Date of Birth | Social Security Number |
| <input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Last Name (dependent) | First Name | M.I. | Date of Birth | Social Security Number |
| <input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Last Name (dependent) | First Name | M.I. | Date of Birth | Social Security Number |

| | |
|---------------------------|-------------|
| Employee Signature: _____ | Date: _____ |
|---------------------------|-------------|