East Ohio Conference
Enrollment/Change Request

Name

Group No.	Church Name:	Account Number (to be filled out by EOC)	Enrollment Effective Date
478839			

EMPLOYEE INFORMATION (Please Print)

Last Name	First Name	MI	Social Security Number	Date of Birth / /

Home Address	Home Phone Number	Sex M ☐ F ☐

City	State	Zip	Work Phone Number	Emp Status
				Active ☐ Retired ☐

Individuals Covered – List individuals for whom you are adding/changing/removing coverage.

NAME (First, MI, Last (if other than above)	Relationship	Sex M F	Date of Birth Mo Day Yr	Individual Social Sec. No	(A)dd (D)rop	Prior Insur. Plan
	Self					Yes ☐
						☐
						☐
						☐
						☐

1. If "yes" to Prior Insurance Plan above, provide effective dates, name & policy number of insurance carrier, HMO or other source and your Member Identification Number	Other Rx Drug Coverage? Yes ☐	2. If "Yes" to Other Rx Drug Coverage above, provide effective dates, name & policy number of insurance carrier, HMO or other source and your Member Identification Number.

Do you, your spouse, or dependents have any other health care coverage? ☐ Yes ☐ No (If "yes" – fill in below **)	Is your spouse employed? ☐ Yes ☐ No	Spouse Employed by:
** NAME:	RELATIONSHIP:	INSURANCE COMPANY:
** NAME::	RELATINOSHIP:	INSURANCE COMPANY:

***** Information below to be filled out by East Ohio Conference Benefits Office Personnel Only**

Change – *Check all that apply*

☐ Add Spouse
☐ Add Dependent Child
☐ Name Change
☐ Other

Date of Event _____/____/_____

Remove or Terminate – *Check all that apply*

☐ Remove Spouse
☐ Remove Dependent Child
☐ Emp Withdrawal/Termination
☐ Cancel Coverage

Date of Event _____/____/_____

Reason _____

Continuation of Coverage.

Coverage for: ☐ Employee ☐ Dependents Length of Continuation (months) ☐ 18 ☐ 36 ☐ Other ____ ☐ 29 – Attach disability determination from the Social Security Administration	Date of Loss of Coverage / /	Date of Qualifying Event / /

EMPLOYEE SIGNATURE _____ **DATE**

X Aetna Choice™ POS II

PLEASE REMIT TO
EOCUMC
8800 CLEVELAND AVE NW
NORTH CANTON, OH 44720
ATTN: ROBIN WHITACRE

EZLINK ☐ Completed
Processed by _____
Date _____