LOS ANGELES FIREMEN'S
RELIEF ASSOCIATION
P.O. Box 41903 | Los Angeles | CA 90041
(323) 259-5200 EXT. 223 or 222 firemensrelief.org

PPO MEDICAL PLAN ENROLLMENT/CHANGE FORM

THIS FORM MUST BE SIGNED AND RECORDED AT THE RELIEF BEFORE IT IS EFFECTIVE.

*REQUESTED EFFECTIVE DATE OF COVERAGE / **DATE OF CHANGE:*** ____________________

CHECK THE APPROPRIATE BOXES: ☐ NEW ENROLLMENT ☐ OPEN ENROLLMENT ☐ ADD DEPENDENT ☐ DELETE DEPENDENT
☐ NAME / ADDRESS CHANGE ☐ MARRIAGE ☐ DIVORCE ☐ MEMBER TERMINATION ☐ OTHER *(Describe)*: ______________________________

MEMBER INFORMATION

FULL NAME *(Primary Subscriber, Surviving Spouse or Surviving Domestic Partner)*	SOCIAL SECURITY NUMBER	DATE of BIRTH (MM/DD/YY)	GENDER ☐ MALE ☐ FEMALE

ADDRESS	CITY	STATE	ZIP

HOME PHONE	CELL PHONE	EMAIL ADDRESS

HIRE DATE	CLASSIFICATION ☐ ACTIVE ☐ RETIRED	MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ DOMESTIC PARTNER ☐ DIVORCED ☐ SURVIVING SPOUSE ☐ SURVIVING DP

MEMBER / DEPENDENT INFORMATION

IF ADDING OR DELETING A DEPENDENT, PLEASE INCLUDE THE REQUIRED DOCUMENTATION *(I.E., MARRIAGE CERTIFICATE, NOTARIZED AFFIDAVIDT FOR DOMESTIC PARTNERSHIP, BIRTH CERTIFICATE, ADOPTION PAPERS, LEGAL GUARDIANSHIP PAPERS, DIVORCE DECREE, ETC.).* **CONTACT LAFRA'S MEMBER SERVICE DEPARTMENT IF YOU HAVE QUESTIONS ABOUT THE REQUIRED DOCUMENTS.**

ENROLL/DROP	FULL NAME	SOCIAL SECURITY NUMBER	RELATIONSHIP	GENDER	DATE OF BIRTH	ADDRESS (IF DIFFERENT FROM MEMBER)
☐ ENROLL ☐ DROP	(LAST, FIRST, MIDDLE)		☐ MEMBER	☐ MALE ☐ FEMALE	(MM/DD/YY)	
☐ ENROLL ☐ DROP	(LAST, FIRST, MIDDLE)		☐ SPOUSE ☐ DOMESTIC PARTNER	☐ MALE ☐ FEMALE	(MM/DD/YY)	
☐ ENROLL ☐ DROP	(LAST, FIRST, MIDDLE)		☐ DEPENDENT	☐ MALE ☐ FEMALE	(MM/DD/YY)	
☐ ENROLL ☐ DROP	(LAST, FIRST, MIDDLE)		☐ DEPENDENT	☐ MALE ☐ FEMALE	(MM/DD/YY)	
☐ ENROLL ☐ DROP	(LAST, FIRST, MIDDLE)		☐ DEPENDENT	☐ MALE ☐ FEMALE	(MM/DD/YY)	
☐ ENROLL ☐ DROP	(LAST, FIRST, MIDDLE)		☐ DEPENDENT	☐ MALE ☐ FEMALE	(MM/DD/YY)	
☐ ENROLL ☐ DROP	(LAST, FIRST, MIDDLE)		☐ DEPENDENT	☐ MALE ☐ FEMALE	(MM/DD/YY)	

LEGAL GUARDIANSHIP DEPENDENTS (COMPLETE THIS SECTION ONLY IF YOU ARE ADDING A CHILD UNDER LEGAL GUARDIANSHIP)

A child under a legal guardianship who reaches the maximum age (generally age 18) may continue coverage until age 26 if the child continues to reside with you or your surviving spouse/domestic partner and the child is not eligible for coverage under any other group health plan, as an employee or otherwise.	DEPENDENT UNDER LEGAL GUARDIANSHIP RESIDES WITH THE MEMBER? ☐ YES ☐ NO	DEPENDENT UNDER LEGAL GUARDIANSHIP IS ELIGIBLE FOR OTHER COVERAGE? ☐ YES ☐ NO

BENEFIT COORDINATION / OTHER INSURANCE CARRIER INFORMATION

Do you or your dependents have any other insurance? If "YES", complete the following information:

INSURANCE CARRIER OR MEDICARE	COVERAGE DATES	POLICY #	POLICY TYPE (I.E., MEDICAL, VISION)	WHO IS COVERED UNDER THIS POLICY?
	(MM/DD/YY)			
	(MM/DD/YY)			
	(MM/DD/YY)			

SIGNATURES

I DESIRE TO PARTICIPATE IN THE COVERAGES SELECTED AND HEREBY AUTHORIZE THE NECESSARY DEDUCTION FROM MY EARNINGS (IF ANY) REQUIRED TO COVER MY SHARE OF THE PREMIUM.

BI-WEEKLY DEDUCTION

If at any time the amount of said charges should be changed by the Board of Trustees of the Los Angeles Firemen's Relief Association, Inc., I hereby authorize the deduction from my salary or wages and the payment of the Los Angeles Firemen's Relief Association for this purpose, such sum as may be specified by the Board of Trustees of the Los Angeles Firemen's Relief Association. This authorization shall be effective until cancelled by me.

______________________________ ______________________________

MEMBER'S SIGNATURE DATE

OFFICE USE ONLY	
EFFECTIVE DATE:	

*FEDERAL LAW P093-579 SECTION 7 RE: FEDERAL PRIVACY ACT AND USE OF SOCIAL SECURITY NUMBERS. THIS LAW REQUIRES YOU BE INFORMED WHEN ASKED FOR YOUR SOCIAL SECURITY NUMBER THAT IT MUST BE PROVIDED FOR USE IN EMPLOYMENT PERSONNEL AND PAYROLL PROCESSES. AUTHORITY FOR REQUIRING THIS INFORMATION IS BASED UPON PROVISIONS OF THE CITY'S PAYROLL AND PERSONNEL CANDIDATE PROCESSING SYSTEM OPERATIONAL PRIOR TO JANUARY 1, 1975 AND APPLICABLE FEDERAL LAW.

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