

Enrollment Card – Cameron Parish School Board

Plan Selection:	High Option	Low Option
Type of Coverage:	Enrollee Only	Enrollee + Spouse
	Enrollee + Child(ren)	Family (Enrollee, Spouse, & Child(ren))

Primary Enrollee:						
Last Name	First Name		МІ			
Street						
City	ST	Zip				
Email Address						
Social Security Number	Phone	Birthday		Sex		
List All Dependents to be Covered Below						
Last Name	First Name		MI	Birthday	Sex	
Spouse:						
Dependent:						
Dependent:						
Dependent:						
Dependent:						
Dependent:						

I understand and agree that (1) coverage shall not take effect unless the enrollment has been accepted and approved and (2) the agent does not have the authority to make or alter any contract or waive any of the Company's other rights or requirements

Member Signature _____ Date _____