



ACTIVE ENROLLMENT FORM

Name: _____ Employee #: _____

Date of Birth: ___/___/___ Gender: Male Female SSN #: ___-___-___

Address: _____

Apt #: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: ___-___-___

Spouse's Name (If Employed with WMATA): _____

Spouse's Employee #: _____

I wish to opt out of coverage

An separate opt-out form is required along with proof of non-WMATA coverage to avoid automatic enrollment in the default plan).

Spousal Credit

A separate form is required. The spousal credit form is available at the TEHW office or online at <https://tehw.org/member-resources/forms-and-documents>

Update Beneficiary or Supplemental Life Insurance

(To enroll in Supplemental life or change your election, visit [Metlife.com/mybenefits](https://www.metlife.com/mybenefits))

(Please provide copies of original birth certificates and Social Security cards for your dependents (spouse and children), as well as your marriage certificate)

Medical Plans:

CareFirst BlueChoice Advantage PPO/Davis Vision Single Family

CareFirst BlueChoice HMO/Davis Vision Single Family

Kaiser Permanente HMO/NVA Vision Single Family

Dental Plans:

CareFirst Dental PPO Single Family

CareFirst Dental PPO with Orthodontics Single Family

CIGNA Dental DHMO Single Family

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Add/Drop Dependents: (Please provide copies of original birth certificates and Social Security cards for your dependents (spouse and children), as well as your marriage certificate)

Spouse's Name (Last, First, Middle): _____

Date of Birth: ____/____/____ Gender: Male Female SSN #: ____-____-____

Add Remove

Child's Name (Last, First, Middle): _____

Date of Birth: ____/____/____ Gender: Male Female SSN #: ____-____-____

Add Remove

Child's Name (Last, First, Middle): _____

Date of Birth: ____/____/____ Gender: Male Female SSN #: ____-____-____

Add Remove

Child's Name (Last, First, Middle): _____

Date of Birth: ____/____/____ Gender: Male Female SSN #: ____-____-____

Add Remove

Child's Name (Last, First, Middle): _____

Date of Birth: ____/____/____ Gender: Male Female SSN #: ____-____-____

Add Remove

Signature: _____ Date: ____/____/____