



**ACTIVE ENROLLMENT FORM**

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female SSN #: \_\_\_\_-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_

Apt/Building #: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Spouse's Name (If Employed with WMATA): \_\_\_\_\_

Spouse's Employee #: \_\_\_\_\_

*(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

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))*

*(continued on page 2)*

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_