

# New Insurance Enrollee

CCN Use Only

New Insurance Enrollee

Account Name: University of NV SOM Account #: 8582

ID/SS#: \_\_\_\_\_

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

**Mail Notice to:**

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

City/State/Zip: \_\_\_\_\_

**Enrollee(s) Being Added (Please check ONLY one):**

- Employee or Employee and Family
- Only Spouse or Spouse & Dependents(s) \_\_\_\_\_  
Name(s)
- Only Dependent(s) \_\_\_\_\_  
Dependent Name(s)

Insurance Effective Date: \_\_\_\_\_

**Complete the Additional Address Section only if Dependent does not live with you.**

Additional Address: \_\_\_\_\_ Relationship to Employee

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_



PO Box 889 • Coldwater, MI 49036-0889 • 800-300-3838  
Fax: 517-279-9420 • www.benefitsolved.com • E-mail: info@infinisource.com  
Trademark 2003 Infinisource. All rights reserved.