



ENROLLMENT FORM

Part 1 Participant Information					
PARTICIPANT NAME	First Name		Middle Initial	Last Name	
PARTICIPANT ID	Blue Shield of California IPE T50	OR	Social Security Number XXX-XX-XXXX (Only last four required, full SSN requested for new participants.) - -		
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	mm/dd/yyyy / /	LOCAL UNION NUMBER	
ADDRESS	Street		City	State	ZIP Code
PHONE NUMBER	() -	EMAIL			

Part 2 Dependent Information			
Please only list dependents that you wish to enroll. Dependents that are currently enrolled do not need to be listed.			
DEPENDENT	NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
Spouse or Domestic Partner <input type="checkbox"/> Male <input type="checkbox"/> Female	First Name Middle Initial Last Name	mm/dd/yyyy / /	XXX-XX-XXXX - -
Required documents: Spouse: Filed and recorded original marriage certificate. Domestic Partner: State filed domestic partnership certificate and Form W-4.			
Child <input type="checkbox"/> Male <input type="checkbox"/> Female	First Name Middle Initial Last Name	mm/dd/yyyy / /	XXX-XX-XXXX - -
Child <input type="checkbox"/> Male <input type="checkbox"/> Female	First Name Middle Initial Last Name	mm/dd/yyyy / /	XXX-XX-XXXX - -
Child <input type="checkbox"/> Male <input type="checkbox"/> Female	First Name Middle Initial Last Name	mm/dd/yyyy / /	XXX-XX-XXXX - -
Required documents: Child: Filed and recorded original birth certificate or filed final adoption order.			

Part 3 Participant's Authorization	
I understand that:	
<ul style="list-style-type: none"> Original State or County Filed Marriage Certificate of Original Sate Filed Domestic Partnership Certificate required to enroll your spouse of domestic partner. Original Sate of County filed Birth Certificate is required to enroll your dependent child. Address will be updated with this form, if it is different from what is on file. Dependents may be disenrolled with a Disenrollment Form. 	
I authorize the Fund Office to execute my directions as set forth above.	
PARTICIPANT SIGNATURE <small>Required</small>	DATE
X	