



Bowling Green State University
Effective _____

Last Name	First Name	Middle Initial	
Date of Birth	BGSU ID #	Social Security Number	
Coverage level: Employee Only Employee + 1 Dependent Employee + Family			
Dependents covered on the plan:			
Last Name	First Name	Date of Birth	Relation
Signature		Date	

For use by the Office of Human Resources only:

Year one _____

Year two _____