



2018 SPOUSE ENROLLMENT FORM

Please return to Kelly Leffler in
Human Resources

ENROLLMENT DEADLINE FOR 2018 BENEFITS: NOVEMBER 8th!

EMPLOYEE INFORMATION:

Full Name (as it appears on your insurance card) _____
PLEASE PRINT CLEARLY

Employee I.D. Number (found on your paycheck): _____ Extension: _____

Department _____ Division _____

PLEASE ENROLL MY SPOUSE/DOMESTIC PARTNER:

Full Name: _____ Year of Birth: _____

Preferred E-mail address: _____

PLEASE PRINT CLEARLY - MUST BE UNIQUE TO INDIVIDUAL

**SUBMIT TO HUMAN RESOURCES - ATTN: WELLNESS
Or Email to kleffler@weldgov.com**