2025-2026 Plan Year
Enrollment/Change Form

ARCHER
ATTORNEYS AT LAW

Last Name: _____ **First Name, M.I.:** _____

DOB: _____/_____/_____

1 . HEALTH INSURANCE: Aetna Meritain

Plan Type
- ☐ Standard POS Plan
- ☐ HDHP Plan

Plan Coverage
- ☐ Employee only
- ☐ Employee + Spouse
- ☐ Employee + Child(ren)
- ☐ Family

Non-Smoker Discount
- ☐ I am eligible for the non-smoker discount
- ☐ I am not eligible for the non-smoker discount

First Name/ Middle Initial	Last Name (if it differs from employee's)	Relationship to Employee	Birth Date	Gender	Social Security #*/ Medicare (HIC) *Medicare Enrollees, include a copy of your ID card and state reason for entitlement.*

Note: Effective May 1, 2016, spouses who have health insurance available to them through their own employers are not eligible for coverage under the Archer & Greiner health insurance policy. Dependent children are eligible up to the age of 26 years-old regardless of student status.

- ☐ **I am waving coverage medical/prescription coverage. Please complete the Health Insurance Waiver.**

2. DENTAL INSURANCE: MetLife

Please select the type of change you are making:
- ☐ Enrolling in coverage
- ☐ Terminating coverage
- ☐ Changing Plan Type, Plan Coverage and/or dependents

Plan Type
- ☐ Low Option
- ☐ High Option
- ☐ Enhanced Option

Plan Coverage

- ☐ Employee only
- ☐ Employee + Spouse
- ☐ Employee + Child(ren)
- ☐ Family

First Name/ Middle Initial	Last Name (if it differs from employee's)	Relationship to Employee	Birth Date	Sex	Social Security #*

Note: Effective January 1, 2017, dependent children are eligible up to the age of 26 years-old regardless of student status. Dependent children must reside with the employee and be fully supported by the employee.

3. VISION INSURANCE: National Vision Administrators

Please select the type of change you are making:

- ☐ Enrolling in coverage
- ☐ Terminating coverage
- ☐ Changing Plan Coverage and/or dependents

Plan Coverage

- ☐ Employee only
- ☐ Employee + Spouse
- ☐ Employee + Child(ren)
- ☐ Family

First Name/ Middle Initial	Last Name (if it differs from employee's)	Relationship to Employee	Birth Date	Sex	Social Security #*

Note: Dependent children are eligible up to the age of 26 years-old regardless of student status.

SIGNATURE **DATE**

To be completed by the Benefits Department

Date Received **Initials**