PIOPAC Fidelity
Third Party Administration
"Security, Integrity, Trust"

EMPLOYEE ENROLLMENT/CHANGE FORM

☐ New Enrollment
☐ Change Info
☐ Termination
☐ COBRA

Use FSA Salary Redirection Agreement Form for Flexible spending Election

PIOPAC USE ONLY:
☐ NE Process Date _____ ☐ Term Process Date _____
☐ CI Process Date _____ ☐ COBRA _____

Employer: _____ Division: _____ Effective Date:_____

Employee: _____ DOB:_____SS#:_____ Date of Hire: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Marital Status: ☐ Single ☐ Married

FOR FAMILY RX/VISION/DENTAL COVERAGE – FOR OPT OUT, ONLY SPOUSE INFO REQUIRED: Spouse will receive Flex Debit Card for HRA

		D.O.B.:	M/F:	SS#:
Spouse:				
Child:				
Child:				
Child:				
Child:				
Child:				

TO BE COMPLETED IF CHILD IS OVER 18 YRS OLD AND A FULL TIME STUDENT:

Student Name:				

Authorization: I certify the above information is correct and true to the best of my knowledge. The children listed under "dependent coverage" resides with me or are my legal IRS dependents in a parent-child relationship.

Signature Required for Benefits: _____ Date: _____

EMPLOYER USE ONLY:
Summerlin Medical: ☐ RX ☐ Vision ☐ Dental ☐ HRA
Annual HRA Contribution: ☐ Single $_____ ☐ 2-Party $_____ ☐ Family $_____
Kaiser Medical: ☐ Dental Only ☐ Single ☐ 2-party ☐ Family
HMSA Medical ☐ _____ ☐ _____ ☐ _____ ☐ _____
Opt Out of Group Medical Benefits: ☐ Annual HRA Amount: $_____