

Instructions for Completing CIGNA Enrollment/Change Form

SECTION A:

1. Place a checkmark beside "Open Enroll" if adding products or dependents, OR
2. Place a checkmark beside "Change" if deleting products or dependents
3. Fill in "10/1/10" in the "Effective Date" Box.
4. Fill in "Date of Hire" and "Type of Change"

SECTION B:

1. Complete first three rows.
2. Beneath "I would like coverage for me and my dependents....." fill in full name(s) of the person(s) you wish to add or cancel.
3. Include Social Security Number, Date of Birth and Gender.
4. EXTREMELY IMPORTANT: Checkmark Medical and/or Dental
5. EXTREMELY IMPORTANT: Checkmark Add or Cancel
6. Please indicate if dependent is a full-time college student.

SECTION C:

1. If you will be covered under another plan, complete this section. Otherwise, leave it blank

SECTION D:

1. Sign and Date

FAX COMPLETED FORM TO OUR SECURE FAX AT: 615.453.7292

Or

MAIL OR DROP COMPLETED FORM TO:

**Wilson County Board of Education
351 Stumpy Lane
Lebanon, TN 37090
ATTN: BENEFITS DEPARTMENT
615.444.3282**

**FORM MUST BE RECEIVED BY
AUGUST 31, 2010 – No Exceptions**