

PERSONAL: All new employees must complete this section.				HUMAN RESOURCES USE ONLY	
Social Security No:		Personal Email:			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Rev. <input type="checkbox"/> Sister	Last Name	First Name	Middle Initial/Name	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Street Address			City	State	Zip Code
Phone		Birth Date / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	Non-resident Alien VISA Type	
Do you consider yourself Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No				Date of Hire	
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Two or More Races	
<input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Reservist		<input type="checkbox"/> National Guard <input type="checkbox"/> Veteran		Annual Base	
Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		Describe accommodations needed to perform the job:			
Emergency Contact		Relationship		Phone	
<b>Effective Insurance Dates</b>					
Health/Dental/Life:					
Long Term Disability:					

EDUCATION: All new employees must complete this section.			
Highest Degree Earned	Discipline/Major	Institution	Date Degree Earned

BENEFITS: Complete this section only if being hired as a full-time employee.			
DEPENDENTS: Full-Time students age 19-24 are covered with proof of full-time enrollment status from participating college/university.			
Status	Name (First, MI, Last)	Birth Date	Social Security No.
Spouse			
<input type="checkbox"/> Son <input type="checkbox"/> Daughter			
<input type="checkbox"/> Son <input type="checkbox"/> Daughter			
<input type="checkbox"/> Son <input type="checkbox"/> Daughter			
<input type="checkbox"/> Son <input type="checkbox"/> Daughter			

ELECTIONS: IF ELECTING HEALTH OR DENTAL BENEFITS, YOU MUST COMPLETE SEPARATE ENROLLMENT FORMS		
HighMark BCBS PPO Blue Health/Vision Insurance	If married, can your spouse enroll in health insurance where he/she works? <input type="checkbox"/> Yes <input type="checkbox"/> No If your answer is yes, you will be subject to a premium surcharge.	
	Plan Coverage (you may select more than one): <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependents	<input type="checkbox"/> Coverage Declined
BAI Dental Insurance	Plan Coverage (you may select more than one): <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependents	<input type="checkbox"/> Coverage Declined

LIFE INSURANCE BENEFICIARIES:		
Primary Beneficiary/ies	Relationship	Social Security No/s
Secondary Beneficiary/ies	Relationship	Social Security No/s

All information given by me on this form at Gannon's request is true and complete. Where eligible for benefits, I agree to abide by the terms, conditions, provisions, and eligibility requirements of the plan selected. I authorize payroll deductions for any contributions I may have to make toward the cost of insurance selected above and/or insurance offered by AFLAC. I understand that these contributions are made on a pre-tax basis unless I elect, in writing, to have them deducted on an after-tax basis. I understand that changes to the above insurance selections can only be made at the start of the enrollment period with the exception of a qualifying event.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Comments (for HR Use Only)
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