



Seattle Police Relief Association



SUPPLEMENTAL PLAN ENROLLMENT FORM

CHECK ANY THAT APPLY

Employee #: _____

___ Add self (SPRA member)

AETNA PREVENTIVE (PLAN 4053D): _____

___ Add spouse/domestic partner*

AETNA TRADITIONAL (PLAN 4053B): _____

___ Add dependent children

\$4/MTH HOLDING STATUS ONLY: _____

MEMBER INFORMATION:

Last Name:	First Name:	Middle Initial:	Serial Number:	Birth Date:
_____	_____	_____	_____	_____

DEPENDENT INFORMATION: Please complete this section to add coverage for dependents

Last Name	First Name	M.I.	Sex	D.O.B.	Relationship
_____	_____	_____	M / F	_____	_____
_____	_____	_____	M / F	_____	_____
_____	_____	_____	M / F	_____	_____
_____	_____	_____	M / F	_____	_____
_____	_____	_____	M / F	_____	_____

* If adding a domestic partner to the supplemental medical you must include supporting documentation from City

SIGNATURE:

I declare that to the best of my knowledge I am eligible for the coverage requested. I give permission to SPRA to examine records pertaining to me and my covered family members as required to process claims. I authorize my employer to deduct the required dues from my earnings.

Member Signature

Date

TO DECLINE COVERAGE, SIGN BELOW:

I decline to participate in the Seattle Police Relief Association's Supplemental Medical Plan. **I understand that by not paying the holding dues, I am ineligible to join at a later date.**

Member Signature

Date