



# 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 |
|-----------|------------|-------|-------|--------|--------------|
| _____     | _____      | _____ | _____ | _____  | _____        |
| _____     | _____      | _____ | _____ | _____  | _____        |
| _____     | _____      | _____ | _____ | _____  | _____        |
| _____     | _____      | _____ | _____ | _____  | _____        |
| _____     | _____      | _____ | _____ | _____  | _____        |

\* 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