

CIGNA Health Insurance Enrollment/Change Form				Open Enrollment:			Effective Date :					
				New Enrollment :								
				Change:								
				Re-instate:								
Type of Change:												
Add Dependents:				Cancel Employee:				Cancel Dependents:				Address Change:
Reason:				Reason:				Reason:				
Open Enrollment												Retirement:
Employer Name: Wabash College												
Address: P.O. Box 352												
Crawfordsville, IN 47933						Group #: 3207848						
Employee Information:												
Employee Name:				Soc.Sec. #		Employee DOB:		Employee Gender				
Employee Address:				Employee Phone #:		Employee Annual Salary:						
Dependent Information if Applicable:												
Dependent Name:				Soc. Sec. #		Gender:		Relationship:		DOB		Full Time Student?
Submitted by:		Catherine A. Metz				Employee Signature:						
		Wabash College Human Resource Manager										
		Phone: 765-361-6418										
		Fax: 765-361-6433										
		e-mail: metzc@wabash.edu										