


BENEFIT ENROLLMENT



Employee Self Service – PeopleSoft eBenefits
Newly Eligible

LOG INTO PEOPLESOFT HR



**BOSTON
COLLEGE**

Sign in to continue

[Forgot your password?](#)

Sign in

IMPORTANT UPDATE: When you log out of one BC service, other open services will also be closed.

Need help? Call the Help Center at 617-552-HELP (4357).

Access to the Boston College technological and information resources is a privilege available only to authorized individuals. This privilege requires that all users be responsible for the protection of University resources and that all use be in accordance with the [Boston College Technology Use Agreement](#)

Note: You will only be able to enroll in eBenefits after you have been hired into the PeopleSoft Payroll system and assigned a User ID and Password (typically day after entered into the system).

- ← Log into the Agora Portal
 - <https://portal.bc.edu>
- Find the Human Resources box and click 'PeopleSoft Human Resource Services' →



EMPLOYEE SELF SERVICE NAVIGATION – NEWLY ELIGIBLE

- Navigate to Self Service > Benefits > Benefits Enrollment

Self Service

ORACLE

All Search Advanced Search

Self Service

Inquire or Update your personal information

Personal Information

- View Personal Information
- Update Directory Opt Out
- Update Disability Status
- Update Veteran Status

Payroll and Compensation

- View Paycheck
- View Pay Deduction History
- Update Direct Deposit
- Update Tax Withholdings
- Support Boston College
- View Faculty Merit

Benefits

- Add/Update Dependents
- View Current Dependents
- Add Dependents (Form)
- Vision Open Enrollment
- Life Events
- Benefits Enrollment**
- Document Upload

Time Reporting

- View Leave Balance Summary
- View Leave Balance Details
- Request Time Off

Learning & Development

- Data Security Training

Benefits Enrollment/Change

Jane Doe

After your initial enrollment, normally the only time you may change your benefit choices is during open enrollment or when you have a qualifying event.

To begin your benefits enrollment or change, click the **Select** button.

Open Benefit Events				
Event Description		Event Date	Event Status	Job Title
Newly Eligible		09/03/2019	Open	HVAC Mechanic I Sp 1

Click the **“Select”** button to begin.

After you use the Select button, it will take a few seconds for your benefits enrollment information to load.

NEWLY ELIGIBLE – ENROLLMENT SUMMARY

Jane Doe

Your benefit options are displayed below. Please note the following:

- You are automatically enrolled in Basic Life which is provided by Boston College at no cost to you. It is important that you assign beneficiaries for this plan by clicking the "Edit/Enroll" button.
- You are automatically enrolled in the Long Term Disability Plan on the first of the month following one year of eligible full-time employment. You may be eligible for immediate enrollment if you had similar disability coverage just prior to joining Boston College. You should consult with the Benefits Office if that is the case.

ENROLLMENT INSTRUCTIONS

Step 1: Click the 'Enroll/Edit' button next to each available benefit plan to select your new election and to update dependents and beneficiaries information.

Step 2: Once complete, click the 'Save and Continue' button near the bottom of this page.

Important: Any election changes made in this enrollment process will not be complete until you click the 'Submit to Benefits' button at the end of the process.

Enrollment Summary			
<input type="button" value="Enroll/Edit"/>	Medical Current: No Coverage New: Waive	Before Tax	After Tax
<input type="button" value="Enroll/Edit"/>	Dental Current: No Coverage New: Waive Dental	Before Tax	After Tax
<input type="button" value="Enroll/Edit"/>	Vision Current: Waive Vision New: Waive Vision	Before Tax	After Tax
<input type="button" value="Enroll/Edit"/>	Basic Life Current: BasLife01: Salary X 2 New: BasLife01: Salary X 2 : \$183,000	Before Tax	After Tax
<input type="button" value="Enroll/Edit"/>	Supplemental Life Current: Waive Supplemental Life New: Waive Supplemental Life	Before Tax	After Tax
<input type="button" value="Enroll/Edit"/>	Dependents Life Current: Waive Dependents Life New: Waive Dependents Life	Before Tax	After Tax
<input type="button" value="Enroll/Edit"/>	Long-Term Disability Current: No Coverage New: Long-Term Disability Insurance: 65.00% of Salary	Before Tax	After Tax
<input type="button" value="Enroll/Edit"/>	Flex Spending Health - U.S. Current: Waive FSA Healthcare New: Waive FSA Healthcare	Before Tax	After Tax 0.00
<input type="button" value="Enroll/Edit"/>	Flex Spending Dependent Care Current: Waive FSA Dependent Care New: Waive FSA Dependent Care	Before Tax	After Tax 0.00

Summarizes estimated monthly costs for your new benefit choices. The amounts will display under 'Before Tax' or 'After Tax' depending on the tax treatment of the particular benefit. (The 'Employer' column displays the amount Boston College is contributing to subsidize the cost of your benefits.)

Election Summary				
Summarized estimates for new Benefit Elections				
	Total	Before Tax	After Tax	Employer
Costs	0.00	0.00	0.00	4.08
Your Costs	0.00	0.00	0.00	

- Select the "Enroll/Edit" button next to each benefit option to enroll.
- Don't forget to select the Basic Life enrollment option to assign Beneficiaries.
- Once you are done enrolling, click the "Save and Continue" button to finalize your elections.

NEWLY ELIGIBLE – ADDING DEPENDENTS/BENEFICIARIES

- Dependents and Beneficiaries will be added as part of the Health and Life Insurance Plan enrollment pages.

Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the **Add/Review Dependents** button to determine why s/he is not eligible. You may also use this button to add new dependents to your list.

Check the box next to each dependent you wish to cover under this plan.

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

IMPORTANT: If you are enrolling a dependent spouse into a BC health plan for the first time, you will be directed to upload your proof of spouse documentation, satisfactory to the Benefits Office, before you complete your enrollment. Your enrollment will not be **Processed** until such required documentation has been submitted and reviewed by the Benefits Office.

Dependent Beneficiary		
Enroll	Name	Relationship
<input type="checkbox"/>	Lucy Doe	Child

Add/Review Dependents

Update and Continue

Discard Changes

To add a new dependent, click on the **“Add/Review Dependents button”**

Add/Review Dependent/Beneficiary

John Doe

The individual(s) listed may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the 'Add a dependent or beneficiary' pushbutton.

Dependent and Beneficiary Information							
Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Disabled	Dependent	Beneficiary
Lucy Doe	Child	01/15/2017	Single		No	Yes	Yes

Add a dependent or beneficiary

[Return to Event Selection](#)

Click on the **“Add a dependent or beneficiary button”**

NEWLY ELIGIBLE – ADDING DEPENDENTS/BENEFICIARIES

Dependent/Beneficiary Personal Information

John Doe

Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Oct 5, 2019.

If the Dependent/Beneficiary's address is different from your own, deselect the "Same Address as Employee" checkbox and click "Edit Address" button to update.

The "As Of" dates in the Status Information section can be either the date of the event (e.g. date of birth, marriage, etc) or your Date of Hire, whichever is most recent.

Personal Information

*First Name
Middle Name
*Last Name
Name Prefix
Name Suffix
Date of Birth
*Gender
Social Security Number
*Relationship to Employee

Status Information

*Marital Status As of
Disabled As of

Same Phone as Employee

Phone

Save

Add the dependent details and click the **“Save”** button

Save Confirmation

The Save was successful.

OK

Click **“OK”** to continue

Add/Review Dependent/Beneficiary

John Doe

The individual(s) listed may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the 'Add a dependent or beneficiary' pushbutton.

Dependent and Beneficiary Information							
Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Disabled	Dependent	Beneficiary
Lucy Doe	Child	01/15/2017	Single		No	Yes	Yes
Sarah Doe	Spouse	08/12/1970	Single		No	Yes	Yes

Add a dependent or beneficiary

Return to Event Selection

Click **“Return to Event Selection”** to continue

NEWLY ELIGIBLE – ADDING DEPENDENTS/BENEFICIARIES

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Lucy Doe	Child

Add/Review Dependents

Update and Continue

Discard Changes

For Health Plans, select the checkbox next to each dependent to be enrolled.

Allocation Details					
Name	Relationship	Current Primary Percent	Current Contingent Percent	New Primary Allocation	New Contingent Allocation
Lucy Doe	Child			100	
John Doe	Spouse				100
		Total	100	100	

For Life Insurance Plans, enter primary (required) and contingent (optional) beneficiaries

NEWLY ELIGIBLE – SELECTING PROVIDER FOR HMO

- If you are enrolling in Harvard Pilgrim HMO, you must enter a Provider ID for you and your covered dependents.

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Lucy Doe	Child
<input checked="" type="checkbox"/>	John Doe	Spouse

Add/Review Dependents

Choose a Primary Care Provider ID

You and your covered dependents are required to select a Primary Care Provider for this plan when you initially enroll. Remember to indicate whether or not you have already established a relationship with this provider, since some providers are not accepting new patients.

Important After your initial enrollment, all changes to your Primary Care Provider must be made directly with Harvard Pilgrim. If the Provider ID field is "grayed out" you will need to contact Harvard Pilgrim to update your and your covered dependents Primary Care Provider.

Click on the link below to update the Primary Care Provider for each of you dependents.

Specify a Primary Care Provider ID [Select a Provider](#)

Check here if you have previously seen this provider

Check here to use the same provider for all your dependents

[Important: Assign Provider ID's for your dependents by clicking here.](#)

Update and Continue

Discard Changes

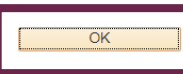
Benefits Enrollment

Medical

Jane Doe

Select the **OK** button to proceed. This will open a new web browser.

When you have finished, close the new web browser. Then select **Return to Enrollment** to go back to your benefits information.



[Return](#)

2. Click “**OK**” button.

1. Click on the Select a Provider link to look up your Primary Care Physician.

NEWLY ELIGIBLE – SELECTING PROVIDER FOR HMO

3. Search for Providers and make sure to write the Provider ID Number down.

Start your search

[Important Plan Details](#)

You can search by:

Location - Enter the address, city, state or ZIP code

Name, Facility or Specialty - Select your option and type the provider, facility or specialty name

Provider Type - Select one of the provider type links

To start a new search with a different plan, [Change Plan](#).

Health Plan

HMO or HMO Open Access

Location

(Address, City, State, or ZIP Code)

Search by

Name or Facility Specialty

SEARCH PROVIDERS

[Alyssa R Smith, MD](#)

Address
55 HIGH ST STE 102
Hampton, NH 03842

[Map](#)

Phone
[\(603\) 929-3838](#)

Provider Type
Primary Care Provider (PCP)

Provider ID
12062809

4. Close the window and click on the Benefit Enrollment Window. Click the “**Return**” link.

[Benefits Enrollment](#)

[Medical](#)

Jane Doe

Use the **Return to Enrollment** button to go back to your benefits information.

[Return](#)

NEWLY ELIGIBLE – SELECTING PROVIDER FOR HMO

Choose a Primary Care Provider ID

You and your covered dependents are required to select a Primary Care Provider for this plan when you initially enroll. Remember to indicate whether or not you have already established a relationship with this provider, since some providers are not accepting new patients.

Important After your initial enrollment, all changes to your Primary Care Provider must be made directly with Harvard Pilgrim. If the Provider ID field is "grayed out" you will need to contact Harvard Pilgrim to update your and your covered dependents Primary Care Provider.

Click on the link below to update the Primary Care Provider for each of you dependents.

Specify a Primary Care Provider ID [Select a Provider](#)

Check here if you have previously seen this provider.

Check here to use the same provider for all your dependents

[Important: Assign Provider ID's for your dependents by clicking here.](#)

[Update and Continue](#)

[Discard Changes](#)

7. If all of your dependents will use same PCP, check the box indicating. If your dependents will have a different PCP, then click the [“Important: Assign Provider ID for your dependents by clicking here.”](#)

6. Enter the Provider ID Number and indicate if you have previously seen the provider.

Benefits Enrollment

Medical

Jane Doe

i Important: Any election changes made in this enrollment process will not be complete until you click the **'Submit to Benefits'** button at the end of the process.

Provide the Primary Care Provider ID numbers for your dependents:

Dependent Information			
Name	Provider Link	Health Provider ID	Previously Seen
Lucy Doe	Provider Link	<input type="text" value="12345"/>	<input checked="" type="checkbox"/>
John Doe	Provider Link	<input type="text" value="12345"/>	<input type="checkbox"/>

[Return](#)

[Cancel](#)

NEWLY ELIGIBLE – UPLOAD DOCUMENTATION

- If you are adding a Spouse for the first time, you are required to provide proof. You can upload your documentation from the Health Plan Enrollment Pages.

Medical

Jane Doe

Boston College offers two comprehensive medical insurance options: the Harvard Pilgrim HMO plan and the Harvard Pilgrim PPO plan. Both plans promote wellness as part of their benefits and are available to protect you and your dependents if you become sick or injured.

Learn more about Boston College's medical plans in the [BC Employee Handbook](#).

ENROLLMENT INSTRUCTIONS

Step 1: [Select an Option](#). To enroll, select either the HMO plan or the PPO plan. If you are waiving medical coverage, choose 'Waive Medical' at the bottom of the list.

Step 2: [Enroll Your Dependents](#). This section will list previously submitted dependents eligible for this plan. If you need to enroll an eligible dependent not listed, click the 'Add/Review Dependents' button to add dependents. Check the box next to each eligible dependent to enroll that dependent.

Note: Selecting dependents will automatically enroll you in family coverage.

Step 3: [Upload Documentation](#). If you are requesting medical, dental or vision coverage for a dependent spouse not previously enrolled in a BC health plan, you must submit documentation that proves spouse status. Select the [Document Upload](#) link and enter the Life Event Type of "NEW" to upload your documentation.

Notes: If your spouse has previously been enrolled in a BC health plan as your dependent, then you may skip this step. Only one document upload is necessary to satisfy the requirement for all health plans at once.

Step 4: [Save Your New Election](#). Select the **Save and Continue** button near the bottom of the page to store your medical plan election until you are ready to submit your final enrollment on the Enrollment Summary page.

Click on the Document Upload link.

NEWLY ELIGIBLE – UPLOAD DOCUMENTATION

- If you are adding a Spouse for the first time, you are required to provide proof. You can upload your documentation from the Health Plan Enrollment Pages.

Life Events - Document Upload

Instructions

You may be required to submit one or more of the document(s) listed here. Required types of proof include:

PROOF_SPOUSE - Documentation must be submitted for either a Marriage or Divorce that results in a change to your medical, dental or vision plan for the Spouse.

- Marriage** If you are requesting medical, dental or vision coverage for a dependent Spouse not previously enrolled in a Boston College health plan, you must submit a copy of a marriage certificate, a copy of a signed tax form, or other documentation, satisfactory to the Benefits Office, that proves spouse status.
- Divorce** If you are requesting to drop coverage or maintain existing coverage for a Spouse as a result of a Divorce, you must submit a copy of the Divorce Decree.

PROOF_COVERAGE - Documentation must be submitted if you are choosing to enroll or drop medical, dental or vision coverage due to gaining or losing other coverage.

- Loss of Other Coverage** If you have lost coverage and are enrolling in medical, dental or vision coverage, you must provide proof. Acceptable proof includes a letter from a former/existing employer, letter from your Spouse or Ex-Spouse's employer or a COBRA letter that states the date coverage ended and includes the names of all insured members.
- Gain of Other Coverage** If you choose to drop medical or dental benefits as a result of a Life Event, you must provide proof of other coverage. Acceptable proof is a letter from another employer or insurance company that states the effective date of new coverage and includes the names of all insured members.

PROOF_CHILD - Generally, documentation will **NOT** be required for children to be covered under a family membership, although there are some exceptions, for example, in the case of a new adoption, legal guardianship, foster child or proof of residency for stepchild/legal ward.

Life Event Documents	
EmpID:	35375095
Life Event Type:	NEW
	Newly Eligible
Select a document	PROOF_SPOUSE Proof of Eligible Spouse

Add Attachment

Find an Existing Value

Add a New Value

Life Event Type

Add

Enter NEW in the Life Event Type field and click the “Add” button.

Find an Existing Value | Add a New Value

Click on the “Add Attachment” button.

NEWLY ELIGIBLE – UPLOAD DOCUMENTATION

Document Definition - New Attachment

Instructions

You have chosen to enter a new attachment.

Selection Criteria

Select a document PROOF_SPOUSE
Sequence 0
Jane Doe
Created 10/17/19 7:40PM Last Updated 10/17/19 7:40PM

*Subject

Attachment

Add Attachment

Save

1. Enter a description of the document (e.g. marriage certificate) in the Subject field and Click the “Add Attachment” button.

Go To Life Events - Document Upload

Please note: before you can upload an attachment, you will need to scan a copy of the document and save it to your computer.

Document Definition - New Attachment

Instructions

You have chosen to enter a new attachment.

Selection Criteria

Select a document PROOF_SPOUSE
Sequence 0
Jane Doe
Created 10/17/19 7:40PM Last Updated 10/17/19 7:40PM

*Subject Jane Doe Spouse

Attachment

Add Attachment

Save

Go To Life Events - Document Upload

File Attachment

Choose File Doe Marriage...ificate.docx
Upload **Cancel**

2. Select the file to be uploaded and Click the “Upload” button.

Document Definition - New Attachment

Instructions

You have chosen to enter a new attachment.

Selection Criteria

Select a document PROOF_SPOUSE
Sequence 2
Jane Doe
Created 10/17/19 7:40PM Last Updated 10/17/19 7:40PM

*Subject Jane Doe Spouse

Attachment Doe_Marriage_Certificate.docx
View Attachment

Save

Go To Life Events - Document Upload

3. Click “Save”

NEWLY ELIGIBLE – UPLOAD DOCUMENTATION

provide proof. Acceptable proof includes a letter from a former/existing employer, letter from your Spouse or Ex-Spouse's employer or a COBRA letter that states the date coverage ended and includes the names of all insured members.

- Gain of Other Coverage If you choose to drop medical or dental benefits as a result of a Life Event, you must provide proof of other coverage. Acceptable proof is a letter from another employer or insurance company that states the effective date of new coverage and includes the names of all insured members.

PROOF_CHILD - Generally, documentation will **NOT** be required for children to be covered under a family membership, although there are some exceptions, for example, in the case of a new adoption, legal guardianship, foster child or proof of residency for stepchild/legal ward.

▼ **Life Event Documents**

EmpID:	35375095
Life Event Type:	NEW

Newly Eligible

Select a document 🔍

Add Attachment

Attachments Personalize | Find | 📄 | 📅 First ◀ 1-2 of 2 ▶ Last

Select	Sequence	Created	Author	Entry ID	Subject	Status
<input type="checkbox"/>	1	10/16/2019 2:56PM	Jane Doe	Proof of Eligible Spouse	Jane Doe Spouse	Active

The saved documentation will be displayed in the grid. Close the Window to return to your enrollment.

NEWLY ELIGIBLE – SUBMITTING ELECTIONS

- When you are done making elections and have clicked “Save and Continue” complete your elections by clicking the “Submit” button.

This table summarizes estimated monthly costs for your new benefit choices. The amounts will display under "Before Tax" or "After Tax" depending on the tax treatment of the particular benefit. (The "Employer" column displays the amount Boston College is contributing to subsidize the cost of your benefits.)

Election Summary				
Summarized estimates for new benefit Elections	Total	Before Tax	After Tax	Employer
Costs	225.16	221.84	1.50	850.25
Your Costs	225.16	221.84	1.50	

[Save and Continue](#) [I Have No Changes](#)

Life Events Legend

- Welcome
- Marital Status
- Update Dependent and Beneficiary
- Document Upload
- Benefit Enrollment**
- Benefit Election Review
- Event Completion and Exit

Benefits Enrollment

Submit Benefit Choices

John Doe

You have almost completed your enrollment. If you have no further changes, select the **Submit** button on this page to finalize your benefit choices.

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment deadline. However, once you select the **Submit** button your benefit choices will be sent to the Benefits Department for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualified family status change.

Enrolling a Spouse
If you are requesting medical, dental or vision coverage for a dependent Spouse not previously enrolled in a Boston College health plan, you must submit documentation that proves spouse status. Click the link below and select the Life Event Type of "MAR" to upload your documentation.

[Document Upload](#) link to upload your documentation.

Your enrollment will not be Processed until submitted documentation has been reviewed by the Benefits Office.

Authorize Elections

By submitting your benefit choices you are authorizing Boston College to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Office to send necessary information to your selected providers to initiate and support your coverage.

[Submit](#) [Cancel](#)

Select the **Submit** button to send your final choices to the Benefits Office.

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Navigation: [Previous](#) [Next](#) [Cancel](#) [Continue Later](#)

Related Content | [New Window](#) | [Help](#) | [Personalize Page](#)

Click “Submit” to send your elections to the Benefits Office

NEWLY ELIGIBLE CONFIRMATION STATEMENT

- Review and Print a copy of your Confirmation Statement

Benefits Confirmation

Jane Doe

Congratulations, you have successfully submitted your benefit elections to the Benefits Office. Below is a summary of your benefit elections. Please print a copy of your Confirmation Statement to keep for your records. Then click "Next".

Print

Personal Information

Current Name Jane Doe
 Home Mailing Address
 Mailing Address
 Home Phone
 Emergency Contact

Dependent Information

Name	Date of Birth	Sex	Relationship	Marital Status
Lucy Doe	01/15/2017	Male	Child	Single
John Doe	01/06/1970	Male	Spouse	Single

Your Benefit Choices

Benefit Plan	Benefit Option	Coverage / Category Base	Per Pay Pd
Medical	HarvPIPPO	Family	139.75
Dental	DeltaDent	Family	13.36
Vision	Waive		0.00
Basic Life	BasLife01	\$163,000	0.00

Boston College Confirmation Statement



Jane Doe
 Employee ID: 35375095 Effective Date: 10/17/2019

Congratulations, you have successfully submitted your benefit elections to the Benefits Office. Below is a summary of your benefit elections. Please print a copy of your Confirmation Statement to keep for your records.

PERSONAL INFORMATION

Name J
 Home Address 1 Louis Lane, Randolph, MA 02368
 Mailing Address
 Home Phone
 Business Phone
 Emergency Contact

DEPENDENT INFORMATION

Name	Date of Birth	Relationship	Marital Status
Lucy Doe	2017-01-15	Child	Single
John Doe	1970-01-06	Spouse	Single

EMPLOYEE SELF SERVICE – VIEW BENEFIT SUMMARY AND LAST PRINT CONFIRMATION STATEMENT

- Navigation: Self Service > Benefits > Benefit Summary

Benefits Summary

Jane Doe

To view your benefits as of another date, enter the date and select Go.

10/17/2019

Go

Confirmation Statement

Click “Confirmation Statement” for a copy of your last submitted Confirmation Statement.

Benefits Summary

Type of Benefit	Plan Description	Coverage or Participation
Medical	Harvard Pilgrim HMO	Family
Dental	Delta Premier Plan	Family
Vision		Waived
Basic Life	Basic Life under 55 (2xsal)	Salary X 2
Supplemental Life		Waived
Dependents Life		Waived
401(k)		Waived
403(b)		Waived
Section 457		Waived
Sick	Sick Leave Accrual Plan	
Vacation	Vac Facilities by Hour	
Sick Incentive Time (BC)	Sick Incentive Time	
Vacation Bonus Time (BC)	Vacation Bonus Facilities 40Hr	
Flex Spending Healthcare		Waived

Boston College Confirmation Statement



Jane Doe
Employee ID: 35375095 Effective Date: 10/17/2019

Congratulations, you have successfully submitted your benefit elections to the Benefits Office. Below is a summary of your benefit elections. Please print a copy of your Confirmation Statement to keep for your records.

PERSONAL INFORMATION

Name: Jane Doe
Home Address:
Mailing Address:
Home Phone:
Business Phone:
Emergency Contact:

DEPENDENT INFORMATION

Name	Date of Birth	Relationship	Marital Status
Lucy Doe	2017-01-15	Child	Single
John Doe	1970-01-06	Spouse	Single