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## **Newly Covered Employee/Spouse Form**

\*=Required

Step 1: Employer Information			
*Employer Name (do not abbreviate)	*Division	*Division Name (if applicable)	
Step 2: Employee Information			
*Newly Covered Employee/Spouse Name		*Social Security Number	
*Mailing Address	*City	*State *Zip	
*Date of Birth (mm/dd/yyyy) *Gender (M/	F) Daytime Phone		
Step 3: Employer Authorization			
*Name (First, Middle Initial, Last)	*Date	*Phone Number	