

REGENT'S GEORGIA PPO GROUP HEALTH INSURANCE ENROLLMENT AND PAYROLL DEDUCTION AUTHORIZATION CARD

The University System of Georgia

LAST NAME	FIRST NAME	MIDDLE INITIAL	SEX	BIRTH DATE
HOME ADDRESS	CITY	COUNTY	STATE	ZIP CODE
SOCIAL SECURITY #	DATE OF HIRE	HOME PHONE	WORK PHONE	

FAMILY INFORMATION – (only your spouse and dependent children who you wish to be covered should be listed)

LAST NAME	FIRST NAME	MI	BIRTH DATE	SEX	SOCIAL SECURITY NUMBER	RELATIONSHIP	FULL-TIME STUDENT*

* Additional proof of full-time student status is required for dependent children age 19 - 25

DATE SIGNED _____ SIGNATURE _____ EFFECTIVE DATE _____