



Member Information		
<u>Last Name</u>	<u>First Name</u>	<u>SSN/ID #</u>
<u>Address</u>	<u>City, State</u>	<u>Zip Code</u>
<u>Date of Birth</u>	<u>Home Phone</u>	<u>Work Phone</u>

Marital Status			
<input type="checkbox"/> Single	<input type="checkbox"/> Domestic Partners	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced/Widow

Dependents To Be Covered				
<i>Spouse, Domestic Partner &amp; Dependent Children up to 26 y/o</i>				
<u>Last Name</u>	<u>First Name</u>	<u>Gender</u>	<u>Date of Birth</u>	<u>Relationship</u>

<b><i>Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</i></b>	
Signature	Date
HBA Signature	HBA Date