

Archdiocese of Louisville / Humana Employee Enrollment Form

Parish/Organization _____ Group Number _____

Last name _____ First name _____ MI _____

Social security number _____ Date of birth (MM/DD/YYYY) _____ Area code _____ Phone number _____
_____-_____-_____/_____/_____(_____)_____-_____

Street address _____

Apt / Suite / PO box number _____ Gender Female Male Language of choice English Spanish

City _____ State _____ Zip code _____ County / Parish _____

E-mail address _____

Employment status Full-time employee / individual Retiree COBRA Date of full-time hire (MM/DD/YYYY) ____/____/_____

Dependent information

1 Dependent last name _____ First name _____ MI _____ Gender _____
_____-_____-_____/_____/_____
Date of birth (MM/DD/YYYY) _____ Relationship _____
 Spouse Child Other: _____

2 Dependent last name _____ First name _____ MI _____ Gender _____
_____-_____-_____/_____/_____
Date of birth (MM/DD/YYYY) _____ Relationship _____
 Spouse Child Other: _____

3 Dependent last name _____ First name _____ MI _____ Gender _____
_____-_____-_____/_____/_____
Date of birth (MM/DD/YYYY) _____ Relationship _____
 Spouse Child Other: _____

4 Dependent last name _____ First name _____ MI _____ Gender _____
_____-_____-_____/_____/_____
Date of birth (MM/DD/YYYY) _____ Relationship _____
 Spouse Child Other: _____

Use the following alternate address for these dependents: 1 2 3 4

Street address _____

Apt / Suite / PO box number _____

City _____ State _____ Zip code _____ County _____

Employee signature _____ Date _____

****Attach to Archdiocese of Louisville Benefit Enrollment Form****