

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 Female Male
Date of Birth (MM/DD/YYYY) _____ Social Security Number _____ Relationship Spouse Child Other: _____
_____ - _____ - _____ | _____ / _____ / _____

2 Dependent Last Name _____ First Name _____ MI Gender Female Male
Date of Birth (MM/DD/YYYY) _____ Social Security Number _____ Relationship Spouse Child Other: _____
_____ - _____ - _____ | _____ / _____ / _____

3 Dependent Last Name _____ First Name _____ MI Gender Female Male
Date of Birth (MM/DD/YYYY) _____ Social Security Number _____ Relationship Spouse Child Other: _____
_____ - _____ - _____ | _____ / _____ / _____

4 Dependent Last Name _____ First Name _____ MI Gender Female Male
Date of Birth (MM/DD/YYYY) _____ Social Security Number _____ 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 _____