



CUSTOM GROUP ENROLLMENT FORM
CHECK ONE: Basic Plan Premium Plan

Webster Chamber of Commerce PLAN #323220
 1110 Crosspointe Lane, Suite C, Webster, NY 14580

Subscriber's Name - Last, First, MI			
Social Security Number		Birthdate	
Subscriber's Street Address	City	State	Zip
Telephone Number		Subscriber Effective Date	
Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>			
Dependent Children? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Coverage Election: Dental: Spouse: Yes No Children: Yes No

GIVE THE FOLLOWING INFORMATION FOR EACH DEPENDENT TO BE INSURED:

Name-Last, First, MI	Sex	Relationship	Birthdate	Student ?

ARE ANY DEPENDENT CHILDREN ADOPTED? YES NO. IF "YES" INDICATE NAME AND DATE OF ADOPTION:
 HAVE YOU INCLUDED STEPCHILDREN AS DEPENDENTS? YES NO. IF "YES" INDICATE NAMES:
 DO YOUR STEPCHILDREN RESIDE WITH YOU? YES NO. ARE THEY DEPENDENT UPON YOU FOR MAINTENANCE? YES NO

I HEREBY REQUEST COVERAGE FOR THE GROUP INSURANCE FOR WHICH I AM OR MAY BECOME ELIGIBLE.
 ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING FALSE OR DECEPTIVE STATEMENTS MAY BE GUILTY OF INSURANCE FRAUD.
 I HAVE REVIEWED THE STATEMENTS ON THIS APPLICATION AND THEY ARE TRUE AND COMPLETE.

SIGNATURE OF SUBSCRIBER	DATE
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Subscriber's request for cancellation of a Guardian contract will be permitted at the end of a quarter only.