

3. Household Members

| Line A - State Employee's/Retiree's name Line B - Spouse's name Line C - H names of dependents who live in your home | Social Security Number | Relationship to the State Employee | Date of Birth |
|---|---------------------------|--|---------------|
| A. | | SELF | |
| B. | | SPOUSE | |
| C. | | | |
| D. | | | |
| E. | | | |
| F. | | | |
| G. | | | |
| H. | | | |

4. Affirmation I declare that the above statements and answers are true, complete, accurate and correctly recorded. I understand that submitting false or misleading information on this application is a crime punishable under state and federal law. I also recognize and understand that if any of the statements or answers recorded are found to be incorrect, incomplete, false or misleading, I will also be subject to disciplinary action, including termination of employment, and will be required to repay all discounts, plus interest.

Signature of Employee/Retiree

Date

Please return (with all required documentation) to:

State Employees' Insurance Board
Attention: Accounting
PO Box 304900
Montgomery, AL 36130
Phone: (334) 263-8379
Fax: (334) 263-8720