

ASEA/AFSCME Local 52 HEALTH BENEFITS TRUST

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EMPLOYEE INFORMATION FORM

PLEASE PRINT CLEARLY

Select One: [] New Hire [] Status Change [] Return to Work

[] Transfer to GGU from another Bargaining Unit [] Termination, Leave, Layoff, Transfer

Effective Date of the above selection: _____

Print Name:

SSN:

Mailing Address:

City/State:

Zip:

Work Phone:

Home Phone:

Select the Following answer(s) that fit you:

- [] Long-Term Nonpermanent or Permanent Full-time [] Full-time Seasonal
[] Long-Term Nonpermanent or Permanent Part-time [] Part-time Seasonal
[] Short-Term Nonpermanent (If this answer fits you, you are not eligible for Health Benefits)
[] Working 30+ Hours Weekly [] Working 15-29 Hours Weekly

Reason for Termination (select one of the following):

- [] SLWOP [] LWOP [] Layoff [] FMLA [] Reduction in Hours
[] Separation from Employment [] Transfer from GGU to another bargaining unit

Last Day Worked: _____ [] Other: _____

Reason for Status Change (select one of the following):

- [] Full-time to Part-time [] Part-time to Full-time [] Address Change
[] Other: _____

ASEA/AFSCME Local 52 Health Benefits Trust administers your health benefits. It is important that you complete this form ENTIRELY and fax or mail to the administration office immediately. If you are a new hire, an enrollment packet, which contains the forms that are needed for you to complete and return to ASEA, will be mailed to you. You may also access the ASEA Local 52 Health Benefits Trust at www.aseahealth.org. It is your responsibility to contact the administration office about changing your health coverage, optional health benefit selection(s), or for continuing your health coverage if you or your dependents are no longer eligible for coverage under the plan. Health benefits selection forms must be completed and submitted within 30 days of the above Effective Date. Signing verifies that you understand it is your responsibility to contact ASEA/AFSCME Local 52 Health Benefits Trust regarding your health benefits. Please provide a copy of this form to your Departmental Personnel Office.

Employee Signature: _____ Date: _____