Retiree Enrollment Form

Former Employer Name _____ Retirement Date _____

Member Name _____ Date Of Birth _____

Social Security _____ Phone Number _____

Street Address _____ Sex _____

City _____ State _____ Zip _____

I wish to Enroll in Coverage for myself Dental _____ Vision _____

I wish to Enroll in Coverage for my Dependents Dental _____ Vision _____

Dependents acquired by Marriage _____ Birth _____ Adoption _____ Other _____

If Other is elected, please explain _____

Qualifying Dependent Status Date _____

	Name	Social Security	Date of Birth	Other Coverage
Spouse				
Child				
Child				
Child				
Child				

Beneficiary Election

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone _____

Member Signature _____ Date _____

Completed form and Payment Information to be returned to Alex Perez, Spectrum Advisory Group
Spectrum Advisory Group 1939 NE Interstate 410 Loop Suite 233 San Antonio, TX 78217
Via Fax: 210.824.8003 Via Email: cleat@spectrumadvisorygroup.net