



Enrollment/Change Form

Please print and complete all sections.

See instructions below.

EMPLOYER INFORMATION

Group Number 9657909	Employer Name CAJON VALLEY UNION SCHOOL DISTRICT	Location Code – Not Used	Effective Date
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EMPLOYEE INFORMATION A: Add (enroll) T: Terminate C: Change (change of name, address or phone)

ADD TERM CHG	Gender M F	Member ID - Not Used	Last Name (Employee)	First Name	MI	Date of Birth
Social Security #		Home Street Address		City/State/Zip		Home Phone ()

FAMILY INFORMATION (Only those eligible may be enrolled.) A: Add (enroll) T: Terminate C: Change (change of name)

A	Sex	1	Last Name (spouse)	First Name	M.I.
T	M				
C	F				