



Win- Tech Inc

EMPLOYEE INFORMATION

Full Name: _____
Last First M.I.

Address: _____
Street Address Apt/Unit #

City State ZIP Code

Phone: _____ Birth Date: _____ Sex: M F

Email: _____ *Note: Social Security #s will be needed at enrollment*

Job Title/ Duties: _____

Spouse's Name: _____

Children? Y/N _____ Spouse's Birth Date: _____

INTERESTED IN WHICH PLANS? – PLEASE CHECK (does not commit you to enroll)

ACCIDENT	_____	<i>Type of Coverage?</i>	_____
CANCER	_____	Individual	_____
CRITICAL CARE	_____	Insured/Spouse.	_____
	_____	One Parent Fam.	_____
SHORT TERM DISABILITY	_____	Two Parent Fam.	_____

Beneficiary Information (required for Accident Plan which includes ACCIDENTAL DEATH BENEFIT)

Name: _____
Last First M.I.

Address: _____

Birth Date: _____ Phone: _____

Contingent Beneficiary (optional) _____
Last First M.I.

Address: _____

Birthdate: _____ Phone: _____