



El Paso County Enrollment Form

Member Name _____ Date Of Birth _____
 Social Security _____ Phone Number _____
 Street Address _____

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
Spouse	_____	_____	_____
Child	_____	_____	_____
Child	_____	_____	_____
Child	_____	_____	_____
Child	_____	_____	_____

Beneficiary Election

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____

Member Signature _____ Date _____

Please return completed form via fax to 210.824.8003 or via email to cleat@spectrumadvisorygroup.net

Questions? Zan Terry, Ameritas 210.638.7964 zan.terry@ameritas.com
 Alex Perez, Spectrum Advisory Group 210.824.8004 cleat@spectrumadvisorygroup.net