

York County School Division Enrollment Application

PO Box 66189 Virginia Beach, VA 23466 (757) 552-7401

IMPORTANT: Incomplete information will delay enrollment. Please use a ball point pen, press firmly and print clearly.						
Section 1						
	☐ Continuat	ion of Coverage	C.O.B.R.A.			
□ Cancel All □ Add Spouse/Dependent □ Cancel Spouse/Dependent □ Reinstatement						
Effective/Termination Date Employee's S		ee's Social Security No.	Social Security No. Hire Date			
2 (1 2						
Section 2						
Sentara Health Plans Selection:	t. DOC 2500/00/					
POS 250/20 Equi	ty POS 3500/0%					
Section 3 TO BE COMPLETE	D BY EMPLOYE	E- (PLEASE PRINT L	EGAL NAME)			
Last Name:	t Name: First Name:					
Address:	Email:					
City/State/Zip:		Date			Gender: Male Female	
Section 4 NOTE: Comple	ete this section	on only if you hav	e selected the Equity	plan in Sectio	n 2.	
Health Savings Account (HSA) Adn through your employer, you are eligib HSA account administration. Do you want to establish a HSA acc	le to establish a h			ur preferred vendo	· for	
Yes, please DO establish or continue my existing health savings account for me with HealthEquity.						
☐ No, please DO NOT establish a h	ealth savings acc	ount for me with Healt	hEquity.			
Section 5 Please list below all d	ependents to be co	overed by the enrollment	application.			
Add/ Cancel Social Security No.		Last Name	First Name, MI	Date of Birth MO/DAY/YR	M/F	
	SPOUSE			1 1		
	CHILD			1 1		
	CHILD			1 1		
	CHILD			1 1		
	CHILD			1 1		
IF ADDING TO POLICY, DATE OF	QUALIFYING E	/ENT (BIRTH, MARR	IAGE, ETC.)			
Section 6 AUTHORIZATION	ON .					
Signature of Applicant			٦	eate		
Renefit Administrator:		Date				