



INSTRUCTIONS:

1. Please PRINT.
2. Complete ALL items requested.
3. List only eligible dependents.
4. If you need additional space to list dependents, attach a second enrollment form.
5. Retain a copy for your records.

FOR EMPLOYER USE ONLY

GROUP NAME SDCSFBC Mira Costa CCD	EFFECTIVE DATE	SOURCE OF ENROLLMENT <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change <input type="checkbox"/> Reinstatement <input type="checkbox"/> Cobra <input type="checkbox"/> Termination <input type="checkbox"/> Dependent Addition <input type="checkbox"/> Dependent Termination
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LAST NAME	FIRST NAME	M.I.	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married
ADDRESS (Number, Street, Apartment Number)	CITY	STATE	ZIP CODE
HOME TELEPHONE ()	WORK TELEPHONE ()	DATE OF BIRTH - -	SOCIAL SECURITY NUMBER - - -
EMPLOYER' NAME AND ADDRESS: MIRACOSTA COMMUNITY COLLEGE, ONE BARNARD DRIVE, OCEANSIDE, CA 92056			

Please list below eligible dependents you wish to enroll. Remember to include their date of birth and gender.

NAME (Last, First, M.I.)	RELATIONSHIP	GENDER	DATE OF BIRTH
	SPOUSE		
	DEPENDENT		
	DEPENDENT		
	DEPENDENT		
	DEPENDENT		
	OTHER: _____		

SPOUSE'S EMPLOYER NAME	TELEPHONE
SPOUSE'S EMPLOYER ADDRESS	CITY
STATE	ZIP CODE

When enrolled in PACIFICARE BEHAVIORAL will you or your dependents be covered by other medical insurance? _____ If yes, please list:			
NAME	I.D. NUMBER	GROUP NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

PLEASE READ CAREFULLY:
 In the event that an employee financial contribution is required, I agree to pay the amount applicable for the contract under which I am enrolled. I authorize any and all health care providers to release all medical information regarding services rendered to me and/or my dependents to PACIFICARE BEHAVIORAL or its designee to perform medical record review with respect to service rendered to my dependents or me. I understand that any controversy between me and/or my enrolled dependents that cannot be resolved under PACIFICARE BEHAVIORAL grievance procedure shall be settled by arbitration.

Signature _____ Date _____