



Enrollment Form

Name of Group (Employer) Bennington College

Employee Name: _____
last name, first name, middle initial

Employee Social Security Number: _____

Employee Date of Birth: _____

Effective Date: _____

Type of coverage selected:

_____ Employee only

_____ Employee plus one dependent

_____ Employee plus family

_____ Waive Coverage

Employee Signature

Date

Please return this form to your benefits administrator.