

Last Name: _____ First Name: _____



School District of Altoona
"Home of the Railroaders"

SecurityHealth PlanSM
Promises kept, plain and simple.

Benefit Elections Active Employees

Address: _____

List employee and all covered family members, birthdates and Social Security Numbers:

Family Member Name	Birth Date	SSN	Office Use Only

Type of Coverage

HMO Plan 2000/4000 (608050)

- Single
- Family

HMO Plan 3000/6000 (608053)

- Single
- Family

Open Access Plan 2000/4000 (608049)

- Single
- Family

Open Access Plan 3000/6000 (608052)

- Single
- Family

Signature: _____ Date: _____