



**ENROLLMENT FORM**

**OKLAHOMA ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH**

- 12291839/0001/0001-Active**
- 12291839/0002/0002-Retirees**

**Effective Date:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_  
last name, first name, middle initial

**Employee Social Security Number:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female**

**Date of Birth:** \_\_\_\_\_

**Type of coverage selected:**

\_\_\_\_\_ **Employee only**

\_\_\_\_\_ **Employee and one dependent**

\_\_\_\_\_ **Employee and children**

**I accept vision coverage**

**I waive vision coverage**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Signature