

Brookhaven National Laboratory
Medical Insurance Coverage Enrollment Form
(The Insurance Company of the State of Pennsylvania: Policy #: TA30002)

Researcher's Name (Last, First)	
Researcher's Date of Birth (MM/DD/YY)	
Guest Number	
Arrival Date (MM/DD/YY)	
Departure Date (MM/DD/YY)	
Researcher's Visa Status for the Current Visit	
Department/Division Code	
Account Number for Billing	

The following information must be completed if the spouse and/or dependent children are traveling with the researcher and are to be covered by the medical insurance. Dependent children up to age 18 can be covered. Dependent children who are age 18 or over, but less than age 21 can also be covered if they are supported by and reside with the researcher and are in full-time school.

Spouse's Name (Last, First)	Spouse's Date of Birth (MM/DD/YY)

Child's Name (Last, First)	Child's Date of Birth (MM/DD/YY)
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Designate below a beneficiary for accidental death and dismemberment insurance benefits.

Beneficiary's Name (Last, First)	Relationship

This form must be completed, signed and dated upon the researcher's arrival. Return the completed form to Denise DiMeglio, Building 185.

Researcher's Signature	Date

The company acknowledges receipt of the captioned form but does not accept any responsibility for its validity or legal effect.