CLAI	RK COUNTY SEL	F-FUNDED CH	IAN(GE FO	RM			
He	ork County DBRA Participant Inderson Library S Vegas Convention & Visitor's Autho	Las Vegas Valley Mt. Charleston F	Mt. Charleston Fire			RTC Retiree So. Nev. Health District University Medical Center Water Reclamation District		
PERSONAL IDENT	TIFICATION NUMBER		EFFECT	ΓΙVE DATE				
NAME (LAST)	NAME (LAST)		FIRST) (M.I.)					
WORK PHONE#	CONTACT PHO	NE#	E-MAII	J:				
☐ NAME CHANG	GE FOR EMPLOYEE NAME	CHANGE FOR DEPENDEN	NT .	ADDRESS C	CHANGE			
NEW NAME:	LAS	Γ		FIRST		M.I.		
NEW ADDRESS/PF	HONE STRI	EET		APT. #				
CITY/STATE/ZIP C		TELEPHONE						
		DELET	ING DEPEN	NDENTS				
NAME	LAST	FIRST	M.I.	SOC SECURITY		D.O.B.	SEX M F	
SPOUSE								
CHILD								
CHILD								
CHILD								
CHILD								
☐ Marriage, ☐ Birth or ac ☐ Divorce, d ☐ Death of s ☐ Terminatio ☐ Switching ☐ My spouse ☐ Re-enrolln ☐ Involuntar ☐ Dependen	date loption of child, date pouse or dependent, date pon or commencement of employment from part time to full time (or vice-ve or I have taken unpaid leave of abset	by my spouse, dateersa) employment on the part once, dateerage, dateerage, dateerage.	of me or m	y spouse, dat	e			
be available subject	ty of perjury that the above informati to the exclusions, limitations, and ber . I hereby authorize my employer to range. EMPLOYEE'S SIGNATURE.	nefits described in the Clark Co modify my payroll deduction fi	ounty Self-	Funded Grou	np Medical and uired due to Risk Mgn Entry Data Initials	nd the		

Γ