LEASE CHECK ONE:	Clark County	Clark County		strict R	Retiree	
LEASE CHECK ONE.	COBRA Participant		Mt. Charleston Fire Dept.		S. NV Health District	
	Henderson Library		Moapa Valley Fire District		niversity Med	
	Las Vegas Convention of	& Visitors Authority	Regional Flood Control Dis		ater Reclamat	
	PERSONAL IDENTIFICATION	EFFECTIVE DATE				
WORK PHONE NO. CELL PHONE NO.			FIRST NAME M.I			
			WORK E-MAIL			
NAME C	HANGE FOR EMPLOYE	E NAME C	HANGE FOR DEPENDENT	ADDRES	SS CHANGE	
NEW NAME :						
NEW ADDRESS:	LAST NAME		FIRST NAME		N	Л.І
CITY/STATE/ZIP CO	STREET DDE:		TELEPHONE NO			
	ADDING DEF		DELETING DEPEND			
	LAST NAME		M.I SOCIAL SECURITY N		D.O.B.	SEX
SPOUSE						M F
CHILD						
CHILD						
CHILD						
CHILD						
CHILD						
Marriag Birth or Divorce Death o Switchi My spo Re-enro	e, date adoption of child, date , date f spouse or dependent, date ng from part-time to full-tim use or I have taken unpaid le	e (or vice-versa) employave of absence, date	yment on the part of me or my sp			
asic Life Insu <u>ra</u> nce B	eneficiary Designation - Co			2		
Name:			Name:			
Mailing Address:			Mailing Address:			
Relationship:			Relationship:			
available subject to	the exclusions, limitations,	and benefits describe	true to the best of my knowled in the Clark County Group	Medical and D	ental Benefit	
hereby authorize my employer to modify my payroll deduction from my earnings as required due to the above requested DATE. EMPLOYEE'S SIGNATURE					Risk Mgmt Use Entry Date	