



**CIGNA ELECTION FORM**

Please complete this form and return the HR Department.

**Section I. – Employee Information**

Social Security Number		Last Name			First Name		MI
Address		City	State	Zip	Phone Number		
Date of Birth mm/dd/yyyy	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner		Hourly/Annual Earnings	Date of Hire (start date)	Effective Date	

**Section II. – Basic Life/AD&D and Long Term Disability**

- Basic Life and Accidental Death and Dismemberment – 100% Paid by Luzerne County Head Start
- Long Term Disability – 100% Luzerne County Head Start

**Section III. – Beneficiary Information**

Please provide the beneficiary information for your company provided life insurance.

Social Security Number	Name (Last, First)	Relationship	Type	Percentage (Must total 100%)
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	

**Section IV. – Signature**

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

If you have any questions about completing this form, please call Creative Benefits, Inc. at 1-866-306-0200 ext. 3123 and ask for Luzan Bent.  
Or contact via email at lbent@creativebenefitsinc.com