

## **STATE OF MAINE** Office of Employee Health, Wellness, & Workers' Compensation One Time Election of Health Insurance Form



Name	Department	Н	re Date		Termina	ation Date	
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Address	City		☐First hired by the State  State		e of Maine prior to July 1, 1991 Zip Code		
Address	City	3	ale		Zip Cou	le	
	Home Phone	D	Date of Birth		Social Security Number		
. <u>Current Health Insurance Co</u>	verage: (select one)						
Single 2-Person	Family Ad	ult w/Children	Dual E	Employee F	Family (	Contract	
Name(s)		Social Se	Social Security Number			Date of Birth	
Spouse/Domestic Partner					/	/	
Dependent					/	/	
Dependent					/	/	
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