

Employee Benefits Open Enrollment Worksheet

Be sure you have your log in ID and password before you begin the on-line Open Enrollment process.

Your Name: _____ NIS Employee Number: _____ Social Security # (Tax ID): _____

Dependent and Beneficiary Information: (The NIS system will assign a new address book number to non-employees.)

Dependent 1

Name (First, MI, Last)	Relationship:	Gender	M F	Date of Birth
Social Security #				
Phone #		Employed	Y N	Legally Disabled? Y N
e-mail		High School Graduate	Y N	Date of Disability
Street Address		Full Time Student	Y N	Date of Medicare
City, State, Postal Code		School Attending:		

Dependent 2

Name (First, MI, Last)	Relationship:	Gender	M F	Date of Birth
Social Security #				
Phone #		Employed	Y N	Legally Disabled? Y N
e-mail		High School Graduate	Y N	Date of Disability
Street Address		Full Time Student	Y N	Date of Medicare
City, State, Postal Code		School Attending:		

Dependent 3

Name (First, MI, Last)	Relationship:	Gender	M F	Date of Birth
Social Security #				
Phone #		Employed	Y N	Legally Disabled? Y N
e-mail		High School Graduate	Y N	Date of Disability
Street Address		Full Time Student	Y N	Date of Medicare
City, State, Postal Code		School Attending:		

Dependent 4

Name (First, MI, Last)	Relationship:	Gender	M F	Date of Birth
Social Security #				
Phone #		Employed	Y N	Legally Disabled? Y N
e-mail		High School Graduate	Y N	Date of Disability
Street Address		Full Time Student	Y N	Date of Medicare
City, State, Postal Code		School Attending:		

