

# EMPLOYEE INFORMATION FORM

## ASEA Health Benefits Trust

Address: PO Box 5434, Spokane, WA 99205 • Phone: 866-553-8206 (toll-free); 509-328-0300  
Fax: 509-323-7614 • Website: www.aseahealth.org

If you are a new employee or an existing employee who has had a change in work status, complete and submit this form within 5 business days:

1. Submit online at [aseahealth.org](http://aseahealth.org) (where you may also enroll for benefits), or by mail or fax to the address or fax number above.
2. Give your departmental Personnel Office a copy of this form.

**New Employees:** If you have not already enrolled for benefits online ([aseahealth.org](http://aseahealth.org)), you will receive an enrollment packet in the mail after this form is submitted. You must enroll within 30 days from the date the enrollment packet was mailed as indicated by the date of the letter in the enrollment packet.

If you do not enroll for benefits by the deadline, you will “default” to Plan A (Full Family Coverage Health Plan) if you are a full-time employee. If you are a part-time employee, you will not have benefits coverage.

**PLEASE PRINT CLEARLY** (All sections must be completed)

Employee name: \_\_\_\_\_

SSN: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender:  M  F Marital Status:  Single  Married

Mailing address (or PO Box): \_\_\_\_\_

Check here if new address

City/State/Zip: \_\_\_\_\_

Work phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Employer:  GGU  PSEA  City of Ketchikan  City of Fairbanks

**Select all of the following that describe you:**

**Full-time working 30+ hours weekly**

- Long-term nonpermanent or permanent  
 Seasonal  
 Short-term nonpermanent, not eligible for health benefits

**Part-time working 15–29 hours weekly**

- Long-term nonpermanent or permanent part-time  
 Seasonal

**Select one:**

**New hire**

Hire date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**Work status change** (select one)

Effective date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Full-time to part-time

Part-time to full-time

Short-term nonpermanent to Long-term nonpermanent

Return to work (note above does not apply)

Transfer from another bargaining unit to GGU

**Termination, leave, layoff or transfer** (select one)

Last day worked: \_\_\_\_/\_\_\_\_/20\_\_\_\_

SLWOP (Seasonal Leave Without Pay)

Layoff

Going to On-Call

Transfer from GGU to another bargaining unit

LWOP (Leave Without Pay)

FMLA (Family or Medical Leave)

Separation from employment

Other

**Please sign below to verify that the information you have provided is correct and that you understand it is your responsibility to contact the ASEA Health Trust regarding your health benefits.**

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_