

**CITY OF PROVIDENCE – HEALTH PLAN
GENERAL / FEDERAL
PAYROLL**

check appropriate box

NEW MEMBER TRANSFERRED FROM

CHANGE OF PLAN

TERMINATE REASON:

check appropriate box

BLUE CROSS

DELTA DENTAL

UNITED HEALTH

HEALTHMATE COAST TO
COAST

BLUE CROSS BLUE CHIP PLAN

DEPT EMP NO NAME

CHECK APPROPRIATE DEPT. FUND AND PLAN

<p>NEW PLAN</p> <p><u>FUND</u></p> <p><input type="checkbox"/> GENERAL <input type="checkbox"/> FEDERAL <input type="checkbox"/> WATER</p> <p><u>DEPT</u></p> <p><input type="checkbox"/> POLICE <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER</p> <p><u>PLAN</u></p> <p><input type="checkbox"/> FAMILY <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> NON-UNION FAMILY <input type="checkbox"/> NON-UNION INDIVIDUAL</p>	<p>OLD PLAN <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p align="center">DEPT CODE</p> <p><u>FUND</u></p> <p><input type="checkbox"/> GENERAL <input type="checkbox"/> FEDERAL <input type="checkbox"/> WATER</p> <p><u>DEPT</u></p> <p><input type="checkbox"/> POLICE <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER</p> <p><u>PLAN</u></p> <p><input type="checkbox"/> FAMILY <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> NON-UNION FAMILY <input type="checkbox"/> NON-UNION INDIVIDUAL</p>
---	---

APPROVED BY _____

**ORIGINAL - PAYROLL – WHITE
1ST COPY – PAYROLL – YELLOW**

CORRECTION