

# Pace University Medical Plan Enrollment/NY Young Adult Option

Check all that apply:

New  
Enrollment

Qualifying  
Event

Termination

## Primary Insured

|                         |              |           |                          |       |   |  |  |
|-------------------------|--------------|-----------|--------------------------|-------|---|--|--|
| Social Security No.     |              | Last Name |                          |       | First Name & Middle Initial                     |  |  |
| Full time Date of Hire* | Home Address | City      |                          | State | Zip Code  |  |  |
| Work Phone #*           | Home Phone # | Birthdate | Gender<br>Female    Male |       | Marital Status<br>Single    Married    Divorced |  |  |