FAES
FOUNDATION FOR ADVANCED EDUCATION IN THE SCIENCES

Employee Election Form

New Subscriber

First Name:	**MI:**	**Last Name:**
Address:		**Apt #:**
City:	**State:**	**Zip Code:**
Social Security #:	**Phone #:** ( ) -	
Date of Birth: (MM-DD-YY)	**Gender:** M ☐ F ☐	**Marital Status:** Single ☐ Married ☐ Partner ☐
Personal Email:	**Work Email:**	
NED ID:	**Full Time Hire Date:** (MM-DD-YY)	
Award #:	**Award Period:** Start End	
FAES USE:	Requested Effective Date: (MM-DD-YY)	New Hire ☐ Special Enrollment ☐ Open Enrollment ☐

DEPENDENTS

Name: (Last, First, MI)	Relationship to Subscriber:	Social Security #:	Birth Date (MM-DD-YY)	Gender (M/F)	Same Address as Subscriber
					☐ Y ☐ N
					☐ Y ☐ N
					☐ Y ☐ N
					☐ Y ☐ N

Dependent Name: (Last, First, MI)	Dependent's Address: (if address is different from subscriber)

Institute (check one below):

☐ OD	☐ NIAID	☐ NIEHS	☐ CSR	
☐ NCI	☐ NIAMS	☐ NIGMS	☐ FIC	
☐ NEI	☐ NIBIB	☐ NIMH	☐ NCCAM	
☐ NHLBI	☐ NICHD	☐ NIMHD	☐ NCHMO	
☐ NHGRI	☐ NIDCR	☐ NINDS	☐ NCRR	
☐ NIA	☐ NIDDK	☐ NINR	☐ CC	☐ NIDCD
☐ NIAAA	☐ NIDA	☐ NLM	☐ NCATS	☐ CIT

Health Plan: AETNA Signature Administrators-PPO

Select Level of Coverage:

☐ Individual

☐ Family

(If your spouse/domestic partner works at the NIH, please list their full name here) _____

Employee Signature:	Date
FAES Representative Signature:	Date