



Wellness Clinic Enrollment Form



Serving Benefits-Eligible 4J Employees, Retirees and Their Dependents

Effective Date: _____

Employee #: _____

Employee Name: _____
(First) (Middle Initial) (Last)

Dependent Information*

Please list your eligible dependents. Children must be between the ages of 4 and 26 to be eligible.

Dependent 1: _____
(First) (Middle Initial) (Last)

Date of Birth: _____ Gender: Male Female

Relationship: Spouse Partner Child Stepchild Partner's Child Ward

Dependent 2: _____
(First) (Middle Initial) (Last)

Date of Birth: _____ Gender: Male Female

Relationship: Spouse Partner Child Stepchild Partner's Child Ward

Dependent 3: _____
(First) (Middle Initial) (Last)

Date of Birth: _____ Gender: Male Female

Relationship: Spouse Partner Child Stepchild Partner's Child Ward

Dependent 4: _____
(First) (Middle Initial) (Last)

Date of Birth: _____ Gender: Male Female

Relationship: Spouse Partner Child Stepchild Partner's Child Ward

If more than four dependents are to be listed, please submit additional form(s).

X _____
Employee Signature

X _____
Date Signed

*For the definition of benefits-eligible dependent, please visit the OEBC web site:
<https://www.oregon.gov/oha/OEBC/DEVReview/DEV%20Documentation%20Requirements.pdf>