

Minnesota Service Cooperatives VEBA Program

GROUP ENROLLMENT FORM

| | | | |
|--|----------------|-------|--|
| EMPLOYER NAME: | | | |
| NAME OF PERSON SUBMITTING ENROLLMENT FORM: | | | PHONE NUMBER: |
| | | | |
| EMPLOYEE'S NAME: | LAST | FIRST | MIDDLE |
| STREET ADDRESS | | | SOCIAL SECURITY NUMBER |
| CITY | | | STATE |
| CITY | | | STATE |
| CITY | | | STATE |
| EFFECTIVE DATE: | EMAIL ADDRESS: | | <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIREE |
| EMPLOYEE'S NAME: | LAST | FIRST | MIDDLE |
| STREET ADDRESS | | | SOCIAL SECURITY NUMBER |
| CITY | | | STATE |
| CITY | | | STATE |
| CITY | | | STATE |
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| CITY | | | STATE |
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| EMPLOYER'S SIGNATURE: _____ DATE: _____ | | | |