



# GE Motor Club – Standard Employee Enrollment Form

Mail completed form to:  
Benefit Solutions  
P.O. Box 4448  
Carol Stream, IL 60197

To enroll, follow these simple steps.

- Fill out Enrollment Form.
  - To avoid enrollment delays, please print clearly.
  - Be sure to check the appropriate boxes for the Plan Level you are selecting.
- Submit the completed Enrollment Form to the plan representative in charge of enrollment.

## PART 1: Employer Information

Employer Name

Employer Number

## PART 2: Employee Information

Last Name: *(please print)*

First Name

MI

Date of Birth (MM, DD, YY)

Home Address

City

State

ZIP Code

Phone

Fax

E-mail

Company Name

Date Hired (MM, DD, YY)

Do you choose to enroll in the GE Motor Club Plan?

Yes

No

Select YOUR Plan Level:

Individual Plan

Couple Plan

Additional Family Member(s) Age 16-23

List below all of your Eligible Family Members you wish to enroll:

1. Last Name

First Name

MI

Relationship

Date of Birth (MM, DD, YY)

2. Last Name

First Name

MI

Relationship

Date of Birth (MM, DD, YY)

3. Last Name

First Name

MI

Relationship

Date of Birth (MM, DD, YY)

4. Last Name

First Name

MI

Relationship

Date of Birth (MM, DD, YY)

### PART 3: Signature to Authorize Enrollment

I hereby authorize my employer to enroll me in the GE Motor Club Plan and to pay my monthly membership through payroll deduction.

Your Signature

Date (MM, DD, YY)

### PART 4: Office Use Only

Control #

Plan Effective Date