



Casual/Benefits Eligibility Level Indicator (BELI6)
Benefits Enrollment Form



Return to LANL Benefits Office:
TA-3 Otowi Bldg. 261
2nd Floor, MS P280 Fax: 505-665-2156

Section I: Employee Information

Table with 3 columns: Name, Z Number, Date of Hire. Includes a note about insurance cards and an email link: rr-desk@lanl.gov

Section II: Health and Welfare Benefit Elections

Please make your selections:
Plan: Medical - HDHP, Waive Coverage
Level of Coverage: Employee Only, Employee and Child(ren), Employee and Spouse/Domestic Partner, Family

Section III: Eligible Dependents and Coverage Elections

Table with 6 columns: Social Security Number, Name (Last, First, MI), Gender, DOB, Relationship, Z Number (if applicable)

Terms and Conditions

By signing this form, I agree to the following Terms and Conditions: The Benefits Office reserves the right to request additional enrollment information, including but not limited to birth certificates, tax documentation, social security numbers, and any other information deemed necessary.

Signature

Date