



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



Return to LANL Benefits Office:

Email: benefits@lanl.gov
Fax: 505-665-2156

Section I: Employee Information

Form with fields: Name, Z Number, Date of Hire. Note: Insurance cards will be mailed to the address on file. If your address has changed please email rr-desk@lanl.gov

Section II: Health and Welfare Benefit Elections

Please make your selection:
Plan (you must choose one):
Level of Coverage (if enrolling, select only one):

Section III: Eligible Dependents and Coverage Elections

Table with columns: Social Security Number, Name (Last, First, MI), Gender, DOB, Relationship, Eligibility documentation for each dependent is required. Is documentation attached?

Terms and Conditions

By signing this form, I agree to the following Terms and Conditions: The LANL 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

(Please sign with a pen, stylus, or use a signature with an included date and time stamp)

Date