



Casual/Benefits Eligibility Level Indicator (BELI6) Benefits Enrollment

Return to LANL Benefits Office:
Email: benefits@lanl.gov
Fax: 505-665-2156

Open Enrollment 2022

Section I: Employee Information

Table with 3 columns: 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 6 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

Date

(Please sign with a pen, stylus, or use a signature with a date and timestamp included.)