



PART 4 – POLICY HOLDER / EMPLOYER (FOR COMPLETION ONLY IF APPLICABLE, SEE ABOVE*)									
	DAY	MONTH	YEAR	CONTRACT HOLDER	DAY	MONTH	YEAR		
1. DATE COVERAGE COMMENCED									_____
2. DATE DEPENDENT COVERED									AUTHORIZED SIGNATURE
3. DATE TERMINATED									_____ (POSITION OR TITLE)

*** NOTE: DO NOT STAPLE OR TAPE RECEIPTS TO THE CLAIM FORM ***