

# Fordham University

## 2024 Benefits Enrollment Form – Bronze Medical Option

Please note that in order to be eligible for this plan, you must be **actively working for Fordham**. After completing this form, sign and date it, and then return it to the University Benefits Office via email at [benefits@fordham.edu](mailto:benefits@fordham.edu). **Monthly payments are made directly to our billing provider, WEX, Inc, via check or direct debit from your bank account.**

<b>Name</b>	<b>Social Security Number</b>	<b>Date of Birth (mm/dd/yyyy)</b>
<b>Address (Street)</b>	<b>FIDN</b>	<b>Date of Hire (mm/dd/yyyy)</b>
<b>Address (City, State, and Zip Code)</b>	<b>Email Address</b>	

**Part 1: Medical Coverage:** Please check the box for the coverage level you want.

**\$1,197.80 / Monthly**     **SINGLE COVERAGE**

**\$3,114.27 / Monthly**     **FAMILY COVERAGE**

**Part 2: Covered Dependents - Spouse and/or Dependent Child(ren)**

Please use this section to enroll your spouse and/or dependent child(ren) for medical coverage. Please attach a separate sheet of paper if you need more space. Domestic Partners are not eligible for coverage.

<b>Name</b>		Male <input type="checkbox"/>
		Female <input type="checkbox"/>
Relationship	Social Security Number	Date of Birth (mm/dd/yyyy)
<b>Name</b>		Male <input type="checkbox"/>
		Female <input type="checkbox"/>
Relationship	Social Security Number	Date of Birth (mm/dd/yyyy)
<b>Name</b>		Male <input type="checkbox"/>
		Female <input type="checkbox"/>
Relationship	Social Security Number	Date of Birth (mm/dd/yyyy)
<b>Name</b>		Male <input type="checkbox"/>
		Female <input type="checkbox"/>
Relationship	Social Security Number	Date of Birth (mm/dd/yyyy)

**Part 3: Authorization**

I have read the materials about my Fordham medical coverage and I am choosing the coverage indicated on this form. I understand that I will receive an invoice from WEX, Inc. and will be required to make monthly payments directly to WEX.

**Employee's Name** (please print) \_\_\_\_\_

**Employee's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please Scan and email the completed form to [benefits@fordham.edu](mailto:benefits@fordham.edu)

If you have questions call the Fordham Benefits Office at 718-817-4930  
or email [benefits@fordham.edu](mailto:benefits@fordham.edu).