

Fordham University

2023 Benefits Enrollment Form – Bronze Medical Option

Review this form and your enrollment materials before you enroll for 2023 medical coverage. After completing this form, sign and date it, and then return it to the University Benefits Office by emailing it benefits@fordham.edu.

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

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

\$1,120.45 / Monthly **SINGLE COVERAGE**

\$2,913.17 / 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.

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship	Social Security Number	Date of Birth (mm/dd/yyyy)
Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship	Social Security Number	Date of Birth (mm/dd/yyyy)
Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship	Social Security Number	Date of Birth (mm/dd/yyyy)
Name		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 xdeleon@fordham.edu

If you have questions call the Fordham Benefits Office at 718-817-4930
or email benefits@fordham.edu.