

State Employee Health Plan Employee Advisory Application

Name:	
Email Address:	
State Agency:	
Job Title:	
State Agency Address:	
County of Residence:	
County of Work	
Length of State Service	

Demographic Information – Circle answers:

Gender: Female Male
 Age band: 20-29 30-39 40-49 50-59 60+

2015 SEHP Coverage Elected:

Plan A: Aetna BCBS
 Plan C: Aetna BCBS

2016 SEHP Coverage Elected:

Plan A: Aetna BCBS
 Plan C: Aetna BCBS

2016 Coverage Level: Single Member & Spouse Member & Children Family

Essay portion: Explain why you are interested in serving on the SEHP Employee Advisory Committee?

 Employee's Signature

 Signature of Employee's Supervisor or Human Resource officer Authorizing Participation (required for all submissions)