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GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)				
Name of Group Customer/Employer Old Dominion University Research Foundation	Group Customer # 104994	Report #	Sub Code	Branch
Date of Hire (MM/DD/YYYY)	Coverage Effective Date (MM/DD/YYYY)			
Original COBRA Effective Date if applicable (MM/DD/YYYY)	COBRA Termination Date if applicable			

GEF02-1
 ADM
 (The form number above applies to residents of all states except as follows: Form number GEF09-1 applies to residents of Montana;
 GEF02-1
 ADM applies to residents of North Dakota and Utah)

SUBMISSION INSTRUCTIONS
 After completion, make a copy for your records and return the original to your Employer.



DECLARATIONS AND SIGNATURE

By signing below, I acknowledge:

1. I have read this enrollment form and declare that all information I have given is true and complete to the best of my knowledge.
2. I declare that I am actively at work when enrolling.
3. I understand that if I do not enroll for coverage during the initial enrollment period, a waiting period may be required before I can enroll for coverage after the initial enrollment period has expired.

GEF09-1

DEC

(The form number above applies to residents of all states except as follows: Form number GEF09-1 applies to residents of Montana;

GEF09-1

DEC applies to residents of North Dakota and Utah)