Metro Atlanta Financial Group

Workplace Benefits Application Form

Instructions: Please complete boxes outlined in **RED**

A: Personal Information

Last Name: Middle Initial: First Name:

Date of Birth: _____/_____/_____   Social Security Number:

Street Address: Apt #:

City: State: Zip Code:

Home Phone Number: E-mail Address:

Marital Status: Single   Married   Divorced   Widowed

Gender: Male   Female

Occupation: Date of Hire: _____/_____/_____

Hours: Salary:

B: Dependents to be Insured (FILL IN AND COMPLETE IF COVERING)

Dependent 1

Last Name: Middle Initial: First Name:

Date of Birth: _____/_____/_____   Social Security Number:

Gender: Male   Female   Relationship:

Dependent 2

Last Name: Middle Initial: First Name:

Date of Birth: _____/_____/_____   Social Security Number:

Gender: Male   Female   Relationship:

Dependent 3

Last Name: Middle Initial: First Name:

Date of Birth: _____/_____/_____   Social Security Number:

Gender: Male   Female   Relationship:

Dependent 4

Last Name: Middle Initial: First Name:

Date of Birth: _____/_____/_____   Social Security Number:

Gender: Male   Female   Relationship:

D: Acknowledgement of Coverage and Signature

Name Printed:

Signature: Signature Date: _____/_____/_____