Administrative Solutions, Inc.(ASi)
IVSJPA Eligibility Form

GROUP NUMBER: 34534010 - 20390	EMPLOYER NAME:	CIRCLE PLAN TYPE: PREMIER - IVSJPA Dental/Vision BASIC - IVSJPA Dental/ Vision

Action key: T=TERM EE & ALL DEPS D=DELETE ONLY SPOUSE &/OR DEPS A= ADD SP &/OR DEPENDENT CA= COBRA EE & ALL DEPS CE=COBRA EE ONLY

ACTION	EMPLOYEE NAME – LAST, FIRST	SEX M/F	SOCIAL SECURITY NUMBER	DOB	EFFECTIVE DATE	*DEP CODE	SP OR DEPENDENT NAME(S) DATE OF BIRTH
						DOB/SS	
						DOB/SS	
						DOB/SS	
						DOB/SS	

ADDRESS OR NAME CHANGES ONLY:

EMPLOYEE NAME – LAST, FIRST	NEW COMPLETE MAILING ADDRESS OR NAME CHANGE
	EFFECTIVE DATE: Rev. 9/2018

***Dependent Key: EE = EMPLOYEE ONLY SP = SPOUSE CH = CHILD(REN) OT = OTHER**

REMIT FORM VIA EMAIL OR FAX TO ASi AT:

eligibility@asibenefits.com
or Fax to (559) 475-5786

Completed on:_____ **Completed By:**_____
Date **Signature**