

ONLINE ENROLLMENT WORKSHEET

DRESSER-RAND

Please complete both sides.

Complete this worksheet to help you organize all the information you will need to enroll online.



Dependent Information*

The following information will be required for each eligible dependent you elect to enroll for benefit coverage.

Name [First, Middle, Initial, Last]	Social Security Number	Date of Birth	Gender [Male/Female]	Relationship**

*Dependent Fraud Statement

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information, in an application for insurance, may be guilty of a crime and may be subject to fines and confinement in prison. Attempting to enroll non-eligible dependents for benefits coverage constitutes grounds for immediate termination.

**Dependent Relationship Definitions

Use the following terms to identify each dependent's relationship to you.

Spouse

Your spouse of the opposite sex, by marriage or common-law (when recognized by your state of residence).

Child

Your child (biological, adopted, or step-child) younger than age 26.

Disabled Child

Your unmarried child who is disabled due to mental or physical disability and who is dependent on you for financial support. This determination is made by BlueCross BlueShield.

Legal Ward

A child who lives with you in a parent/child relationship and for whom you have legal guardianship. The child must be younger than age 26.

