



FOUNDATION FOR ADVANCED
EDUCATION IN THE SCIENCES

Fellow Election Form

Medical, Dental and Vision Plans

New Subscriber

First Name:		MI:	Last Name:	
Address:				Apt #:
City:		State:	Zip Code:	
Social Security #:		Phone #:		
Date of Birth: (MM-DD-YYYY)	Sex Assigned at Birth*: M F		Marital Status: Single Married	
Personal Email:		Work Email:		
NED ID:		Full Time Hire Date: (MM-DD-YYYY)		
Award #:	Award Period: Start _____ End _____			
FAES USE:	Requested Effective Date: (MM-DD-YYYY)	New Hire	Special Enrollment	Open Enrollment

DEPENDENTS

Name: (Last, First, MI)	Relationship to Subscriber:	Social Security #:	Birth Date (MM-DD-YYYY)	Sex Assigned at Birth*: M F	Same Address as Subscriber
	Spouse				<input type="checkbox"/> Y <input type="checkbox"/> N
	Dependent				<input type="checkbox"/> Y <input type="checkbox"/> N
	Dependent				<input type="checkbox"/> Y <input type="checkbox"/> N
	Dependent				<input type="checkbox"/> Y <input type="checkbox"/> N

Spouse or Dependent's Address: (if address is different from subscriber)

Institute (select one below):	Health Plan: <u>AETNA Signature Administrators-PPO</u>																														
<table style="width: 100%; text-align: center;"> <tr> <td>NCATS</td><td>NIA</td><td>NIDA</td><td>NIMH</td><td>CC</td> </tr> <tr> <td>NCCIH</td><td>NIAAA</td><td>NIDCD</td><td>NIMHD</td><td>CIT</td> </tr> <tr> <td>NCI</td><td>NIAID</td><td>NIDCR</td><td>NINDS</td><td>CSR</td> </tr> <tr> <td>NEI</td><td>NIAMS</td><td>NIDDK</td><td>NINR</td><td>FIC</td> </tr> <tr> <td>NHGRI</td><td>NIBIB</td><td>NIEHS</td><td>NLM</td><td>OD</td> </tr> <tr> <td>NHLBI</td><td>NICHD</td><td>NIGMS</td><td> </td><td> </td> </tr> </table>	NCATS	NIA	NIDA	NIMH	CC	NCCIH	NIAAA	NIDCD	NIMHD	CIT	NCI	NIAID	NIDCR	NINDS	CSR	NEI	NIAMS	NIDDK	NINR	FIC	NHGRI	NIBIB	NIEHS	NLM	OD	NHLBI	NICHD	NIGMS			<p style="text-align: center;">Select Level of Coverage:</p> <p style="text-align: center;">Individual</p> <p style="text-align: center;">Family</p> <p>If your spouse works at the NIH, please list their full name here: _____</p>
NCATS	NIA	NIDA	NIMH	CC																											
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**Sex Assigned at Birth might be different from current gender identity.
FAILURE TO SELECT A SEX MAY RESULT IN CLAIM DENIALS.*

Employee Signature:	Date
FAES Representative Signature:	Date