



Pet Plan Late Enrollment Form

Please return the completed form to your Human Resources department for processing.

Group Name:			
Benefit Effective Date:	Group Name:		
Employee Information Required Fields* Employee ID #:	Today's Date:		
Employee Information Required Fields* Employee ID #: Phone: Alt. email': Alt. email is: Personal Work First Name': Last Name': Apt. #: City': State': Zip': TOTAL PET PLAN Total Pet Plan covers any pet, regardless of breed, health or age! Please enroll me in Total Pet Plan: Single Pet Plan	Benefit Effective Date:		
Employee ID #: Phone: Alt. Email': Alt. email is: Personal Work First Name': Last Name': Apt. #: Street Address': Apt. #: Zip': City': State': Zip': Total Pet Plan covers any pet, regardless of breed, health or age! Please enroll me in Total Pet Plan: Single Pet Plan	HR Approval (Please Initial):		
Email': Phone: Alt. email is: Personal Work First Name': Last Name': Apt. #: City': State': Zip': Total Pet Plan covers any pet, regardless of breed, health or age! Please enroll me in Total Pet Plan: Single Pet Plan	Employee Information Requir	red Fields*	
Alt. Email: Alt. email is: Personal Work First Name*: Last Name*: Apt. #: Street Address*: Apt. #: City*: State*: Zip*: Total Pet Plan covers any pet, regardless of breed, health or age! Please enroll me in Total Pet Plan: Single Pet Plan	Employee ID #:		
Street Address*:	Email*:	Phone	e:
Street Address*: Apt. #: City*: State*: Zip*: TOTAL PET PLAN Total Pet Plan covers any pet, regardless of breed, health or age! Please enroll me in Total Pet Plan: Single Pet Plan	Alt. Email:	Alt. em	ail is: 🔲 Personal 🗌 Work
State*: Zip*: TOTAL PET PLAN Total Pet Plan covers any pet, regardless of breed, health or age! Please enroll me in Total Pet Plan: Single Pet Plan			
TOTAL PET PLAN Total Pet Plan covers any pet, regardless of breed, health or age! Please enroll me in Total Pet Plan: Single Pet Plan	Street Address*:		Apt. #:
TOTAL PET PLAN Total Pet Plan covers any pet, regardless of breed, health or age! Please enroll me in Total Pet Plan: Single Pet Plan	City*:	State*:	Zip*:
☐ Single Pet Plan			d, health or age!
☐ Single Pet Plan	Ple	ase enroll me in Total Pet Plan	•
			•
☐ Family Pet Plan (2+)			
		amily Pet Plan (2+)	

Welcome to Pet Benefit Solutions

Look for your welcome package(s) in the mail. As soon as your form is processed, an email will be sent to the provided email address with confirmation of your plan details.

QUESTIONS? Call HealthPass at (888) 313-7277 or email clientservices@healthpass.com