

<b>EC 1 - EMPLOYEE INFORMATION</b>		
EMPLOYEE NAME (last, first, middle initial)	ID#	LABORER:
HOME ADDRESS	CITY/STATE/ZIP	DAYTIME PHONE

<b>EC 2 - CARD REQUEST REASON</b>	
<input type="checkbox"/> Spouse Card (Please complete Section 3) *One additional card is provided at no cost.	<input type="checkbox"/> Dependent child Card (Please complete Section 3)
<input type="checkbox"/> Replacement Card Was the original lost or stolen? Yes/No	
<input type="checkbox"/>	

If more than one additional card is needed, a separate form is required for each request.

\* Section 3 Must be completed in order to receive an additional card for your spouse or dependent.

<b>3 - DEPENDENT INFORMATION</b>		
Name (last, first, middle initial)	SSN:	DATE BIRTH
MAILING ADDRESS	CITY/STATE/ZIP	DAYTIME PHONE

Employee signature	DATE	PEHP APPROVAL
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