



APPLICATION FOR PARTICIPATION IN THE ETHIOPIAN COMMUNITY EDIR

The Ethiopian Community Edir Application Guideline and Requirements

1. A new applicant Is required to provide:

- ☐ Identification (Texas DL/ DFW residency ID)
- ☐ Marriage certificate (if required)
- ☐ Birth certificate for children/court adoption paper
- ☐ Current Electric or water or mortgage payment bill in your name
- ☐ Completed application

1. Must:

- ☐ Be present personally
- ☐ Abide fully by the ECE Regulations
- ☐ Print and complete the application clearly and sign
- ☐ Present required documents and payment along with the application
- ☐ Get a receipt for your payment from the ECE representative.

2. Must remember that:

- ☐ Participation is renewable yearly
- ☐ Benefits begin after a waiting period of one year (twelve months) from the date the application is submitted and accepted
- ☐ Legal representative is mandatory other than spouses
- ☐ Children coverage is automatically dropped if the age limit of 18 years passes or the required document for a full-time student of ages 18-23 years is not submitted in due time.
- ☐ A LATE FEE OF \$20.00/MONTH SHALL BE ADDED TO YOUR RENEWAL FEE IF NOT PAID ON DUE DATE.
- ☐ Failure to pay all dues on time shall lead to termination without notice.
- If an eligible member dies while outside of the United States, proof of stay outside the country such as passport is to be presented along with the death certificate. The Corporation will be responsible **only** if the death occurs within 12 months of the member travel date outside of the United States.

Signature: _____

The Ethiopian Community EDIR



Form AP-15(Revised)

APPLICATION FOR PARTICIPATION IN THE ETHIOPIAN COMMUNITY EDIR

AGREED? Complete and sign form at the presence of The
Ethiopian Community Edir Official

APPLICATION FOR PARTICIPATION IN ECE

--	--	--

First Name

Middle Name

Last Name

Date of Birth

Sex

Male

☐

Female

☐

MM/DD/YYYY

Please circle your PLAN of choice from below

A. FAMILY PLAN

- Includes husband, wife, and children under the age of 18 (non-students), children up to the age of 23 (full time students)

B. SINGLE PARENT PLAN

- Includes either father or mother with dependent children of ages under 18 (if non-student) and children up to the age of 23 (if full time student)

C. INDIVIDUAL PLAN

- Specific to sole person who is the primary applicant on this form

Marital Status: (Chose an item)

Married

☐

Single

☐

If married, please list the name of your spouse, date of birth and have him/her sign below.

--	--	--

Spouse First Name

Middle Name

Last Name

Date of Birth

Sex

Male

☐

Female

☐

MM/DD/YYYY

Email Address

@

The Ethiopian Community EDIR



Form AP-15(Revised)

APPLICATION FOR PARTICIPATION IN THE ETHIOPIAN COMMUNITY EDIR

Permanent Address in **DFW**

Email Address _____ @ _____

Street address _____

TEXAS

City _____

State _____

ZIP _____

Primary Cell # _____ Secondary cell # _____

300 S. Cottonwood Dr. Suite A100. Richardson, TX 75080. Tel. 214-321-9992 Visit www.edirdfw.org

Children's Name living with you

FULL NAME (FIRST, LAST)	DOB	Gender
1.		
2.		
3.		
4.		
5.		

I hereby apply for membership and agree to fully adhere to the Regulations of The Ethiopian Community Edir as stated therein. As a member, I fully agree and abide by the rules and obligations of The Ethiopian Community EDIR. I also certify that the information provided herein is true and correct.

Print Full Name _____

Signature* of Applicant _____

Date(MM/DD/YYYY) _____

Print Spouse Full Name _____

Signature* of Spouse Applicant _____

Date(MM/DD/YYYY) _____

***You are required to sign this form in the presence of at least one The Ethiopian Community Edir Officer or The Ethiopian Community Edir approved personnel. If you disregard this instruction and pre-sign the form, your application will be nullified. Please see the attached new applicant guidelines for complete requirements.**

The Ethiopian Community EDIR



Form AP-15(Revised)

APPLICATION FOR PARTICIPATION IN THE ETHIOPIAN COMMUNITY EDIR

***You must present Proof of Identity, a Dallas-Fort Worth, Texas ID, when signing this form.**

You are required to verify the eligibility of coverage for you, your spouse, and dependent(s) within 14 days after you signed and submitted this form. Please call ECE office at 1-214-321-9992 to verify status.

Legal Representative as beneficiary (name & address) _____

Phone: _____.

To request enrollment for a new dependent or for your spouse, please contact The Ethiopian Community EDIR at 1-214-321-9992

Received by: _____ Signature _____ Date _____

Name of The Ethiopian Community Edir approved personnel who is certifying the above signature or signatures as a witness.

FOR OFFICE USE ONLY FEES PAID \$ _____ Date Received _____

Name of responsible Reviewer _____ Signature _____

Comment _____

☐ Approved

☐ Not Approved