

**ENROLLMENT FORM**

ESC/MEC ES P2DM v18.2

**A. REQUIRED EMPLOYEE INFORMATION**

**B. MEDICARE INFORMATION**

**PRINT USING BLACK or BLUE INK (Must Be Filled Out)**

Name Amy C. King Home Phone 352-287-1173 Do you or any of your dependents receive Medicare benefits?  Yes  No. If Yes:

Social Security # 260-25-7499 Date of Birth 07/20/1966 Sex  M  F Medicare Health Insurance Claim Number (HICN)

Address 2308 Whistler Dr Apt. # Medicare Effective Date

City Lagymont Zip 80504 State CO Name of Covered Person(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_

**C. LIMITED BENEFIT PLAN SELECTION**

**Payroll Deducted Weekly Rates**

You **MUST** enroll in the **Fixed Indemnity Medical Insurance Plan** before adding any additional benefits in Section C. Your coverage level for the additional benefits in Section C will be identical to your fixed indemnity medical plan selection. This plan is underwritten by BCS Insurance Company.

|                   | FIXED INDEMNITY MEDICAL <sup>1</sup>  | DENTAL   | VISION   | TERM LIFE  | SHORT-TERM DISABILITY <sup>2</sup>   |
|-------------------|---|--|--|--|--|
| Employee Only     | <input checked="" type="checkbox"/> \$23.69  | \$5.40  | \$2.42  | \$0.60  | \$4.20  |
| Employee + 1      | <input type="checkbox"/> \$48.08  | \$10.80  | \$4.92   | \$0.90   |  |
| Employee + Family | <input type="checkbox"/> \$64.20  | \$17.82  | \$6.56   | \$1.80   |  |
|                   | <input type="checkbox"/> NO to ALL Benefits   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |

<sup>1</sup> This coverage is not available to residents of NH, HI, or PR. <sup>2</sup> STD is not available to persons who work in CA, HI, NJ, NY, or RI. For Term Life / Accidental Loss of Life, Limb & Sight, please write in your beneficiary information. Accidental Loss of Life, Limb & Sight is part of the Fixed Indemnity Medical Benefit.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**D. REQUIRED DEPENDENT INFORMATION**

| Name       | Social Security # | Date of Birth | Sex   | Relationship   |
|------------|-------------------|---------------|---|--|
| <u>N/A</u> |                   | / /           | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner |
| Name       | Social Security # | Date of Birth | Sex   | Relationship   |
|            |                   | / /           | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner |
| Name       | Social Security # | Date of Birth | Sex   | Relationship   |
|            |                   | / /           | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner |

**E. OPTIONAL MEC WELLNESS/PREVENTIVE BENEFIT SELECTION**

82219000-M-CMG

Direct Payment Monthly Rates

Enrolling in the **Optional MEC Wellness/Preventive Benefit** may **DISQUALIFY** you from receiving a subsidy from the health insurance exchange. This plan satisfies the federal healthcare reform Individual Mandate. This is an offer of ACA compliant coverage and by purchasing this plan, you will not be taxed for failing to purchase insurance required by the Affordable Care Act. The MEC Wellness/Preventive Benefit is **NOT** underwritten by BCS Insurance Company. It is a benefit offered and provided by your employer. Rates for the MEC Wellness/Preventive Benefit are billed monthly.

\$62.00 Employee Only  \$69.02 Employee + 1  \$73.67 Employee + Family  NO to MEC Wellness/Preventive 

**F. REQUIRED SIGNATURE**

**YOU MUST SIGN AND DATE EVEN IF YOU DECLINE COVERAGE**

I have read the Benefits Summary and the Limitations and Exclusions for the Fixed Indemnity Medical Plan. I understand that I have been offered ACA compliant coverage (MEC Wellness/Preventive), and open enrollment is only available for a limited time. I understand that making no benefit selection is a declination of coverage.

DATE 09/11/2017

SIGNATURE

A.C.K.