

ENROLLMENT FORM

ESC ES P2DM v15.1B

REQUIRED EMPLOYEE INFORMATION

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

Social Security Number 521-71-0936
 Date of Birth 04/13/1989 Sex M F
 Name Anthony Hawkins
 Street Address 13134 Milwaukee St
 City Thornton State CO Zip 80241
 Home Phone 303-929-7035

Do you or any dependents have Medicare?
 Yes No If Yes:
 Medicare Health Insurance Claim Number (HICN)

 Medicare Effective Date ____/____/____
 Names of Covered Person(s)
 1. _____
 2. _____
 3. _____

REQUIRED DEPENDENT INFORMATION

Name _____
 Social Security Number _____
 Date of Birth ____/____/____ Sex M F
 Relationship: Spouse Child Domestic Partner

Name _____
 Social Security Number _____
 Date of Birth ____/____/____ Sex M F
 Relationship: Spouse Child Domestic Partner

BENEFICIARY INFORMATION

For Term Life / Accidental Loss of Life, Limb & Sight, please write your beneficiary information.

NAME OF BENEFICIARY

RELATIONSHIP

Accidental Loss of Life, Limb & Sight is part of the Fixed Indemnity Medical Benefit.

OPTION 1 FIXED INDEMNITY PLAN

Weekly Rates

You **MUST** enroll in the Indemnity Medical Insurance Plan before adding any additional Indemnity benefits. Your coverage level for the additional benefits will be identical to your medical plan selection.

FIXED INDEMNITY MEDICAL



- \$23.69 Employee Only
- \$48.08 Employee + 1
- \$64.20 Employee + Family
- NO to all Indemnity benefits.**

This coverage is not available to residents of New Hampshire, Hawaii, or Puerto Rico.

DENTAL



- YES** \$ 5.40 Employee Only
\$10.80 Employee + 1
- NO** \$17.82 Employee + Family

VISION



- YES** \$2.42 Employee Only
\$4.92 Employee + 1
- NO** \$6.56 Employee + Family

TERM LIFE



- YES** \$0.60 Employee Only
\$0.90 Employee + 1
- NO** \$1.80 Employee + Family

SHORT-TERM DISABILITY



- YES** \$4.20 Employee Only
- NO**

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

OPTION 2 MEC WELLNESS/PREVENTIVE PLAN

82219000-M-CMG

Monthly Rates

- \$ 60.00 Employee Only
- \$ 90.87 Employee + 1
- \$111.29 Employee + Family
- NO to MEC Wellness/Preventive Plan**

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declination of coverage.

Signature _____ Date 02/23/2016