

ENROLLMENT FORM - PLAN 2

ESC UNAV P2 v15.1

REQUIRED EMPLOYEE INFORMATION

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

Social Security Number 219-23-8788

Date of Birth 05/24/1989 Sex M F

Name Britney Carmichael

Street Address 2008 Saluda Dr #6

City Piedmont State SC Zip 29673

Home Phone 848-495-2840

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

Name _____

Social Security Number _____

Date of Birth ____/____/____ Sex M F

Relationship: Spouse Child Domestic Partner

BENEFIT SELECTION **Weekly Rates**

SELECT COVERAGE LEVEL

You MUST select a coverage level before adding any benefits. Your coverage level will be identical for each benefit.

Employee Only Employee + Family

Employee + 1 NO to all indemnity benefits

FIXED INDEMNITY MEDICAL 

YES \$20.91 Employee Only
 \$42.44 Employee + 1

NO \$56.67 Employee + Family

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

DENTAL 

YES \$6.17 Employee Only
 \$12.34 Employee + 1

NO \$20.36 Employee + Family

TERM LIFE 

YES \$0.60 Employee Only
 \$0.90 Employee + 1

NO \$1.80 Employee + Family

SHORT-TERM DISABILITY 

YES

NO \$4.20 Employee Only

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

BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.

NAME OF BENEFICIARY Le'Quann Carmichael / Brandon Carmichael

RELATIONSHIP Siblings

Accidental Death & Dismemberment is part of the Term Life Benefit.

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 [Handwritten Signature] Date 12/10/2015