

EMERGENCY CONTACT INFORMATION

EMPLOYER SOLUTIONS STAFFING GROUP
IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Employee Name: Laura Burson
Address: 905 W Saint Germain St #415
Home Phone: (573) 987-5964

EMERGENCY CONTACTS	
Please list two people (in priority order) who could be contacted in case of an emergency	
Contact #1 Name: <u>VICKIE Burson</u> Relationship: <u>Mother</u>	Home Phone: Cell Phone: <u>(320) 828-1141</u> Work Phone:
Contact #2 Name: <u>Tyler Taylor</u> Relationship: <u>Spouse</u>	Home Phone: Cell Phone: <u>(708) 674-5902</u> Work Phone:

Additional information you want Employer Solutions Staffing Group and our clients to know in the event of an emergency:

ENROLLMENT FORM

REQUIRED EMPLOYEE INFORMATION

PRINT USING BLACK or BLUE INK

(Must Be Filled Out)

Social Security Number 318-92-4908

Date of Birth 06/09/95 Sex M F

Name Laura Burson

Street Address 905 W Saint Germain #415

City Saint Cloud State MN Zip 56301

Home Phone 793-987-5964

Do you or any dependents have Medicare?

Yes No If Yes:

Medicare Health Insurance Claim Number (HICN)
Rx BIN 61459

Medicare Effective Date 11/20/2015

Names of Covered Person(s)

1. Lauryn Taylor

2. _____

3. _____

REQUIRED DEPENDENT INFORMATION

Name Lauryn Taylor

Social Security Number 634-89-0190

Date of Birth 07/18/2014 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 Death & Dismemberment, please write in your beneficiary information.

NAME OF BENEFICIARY

RELATIONSHIP

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

OPTION 1

FIXED INDEMNITY PLAN

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 \$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

82193010-M-EMP

MEC WELLNESS/PREVENTIVE PLAN

Monthly Rates

- \$58.87 Employee Only
- \$87.73 Employee + 1
- \$186.99 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 Laura Burson Date 12/01/2015