

ENROLLMENT FORM

REQUIRED EMPLOYEE INFORMATION

PRINT USING BLACK or BLUE INK

(Must Be Filled Out)

Social Security Number 411 - 45 - 0188

Date of Birth 08 / 30 / 1967 Sex M F

Name Carmen G Wickham

Street Address 1246 Buena Vista Blvd

City Roanoke State Va Zip 25013

Home Phone 540 - 330 - 3210

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 Death & Dismemberment, please write in your beneficiary information.

NAME OF BENEFICIARY

Julia Smallwood

RELATIONSHIP

daughter

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 Carmen Wickham

Date Oct 12, 2015 / ____/____