

**EMPLOYEE INFORMATION**  
(Must Be Filled Out)

**ENROLLMENT FORM - 10k PLAN**

USE BLACK or BLUE INK ONLY

Social Security Number

Date of Birth  Sex  M  F

Name Mario Chavez

Street Address 10 9th Ave #1

City Longmont State  Zip

Home Phone

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. \_\_\_\_\_
4. \_\_\_\_\_

- You MUST enroll in the Medical Insurance Plan before adding STD or Term Life.
- Your coverage level for Term Life will be identical to your medical plan selection.

**BENEFIT SELECTION**

Weekly Rates

**MEDICAL**

- \$20.91 Employee Only
- \$42.44 Employee +1
- \$56.67 Employee + Family
- NO to MEDICAL, TERM LIFE, and STD benefits.

**DENTAL**

- \$5.99 Employee Only
- \$11.98 Employee +1
- \$19.77 Employee + Family
- NO

**TERM LIFE**

- YES \$0.60 Employee Only
- YES \$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.

**REQUIRED DEPENDENT INFORMATION**

Name \_\_\_\_\_

Social Security Number --

Date of Birth /

Relationship:  Spouse  Domestic Partner  Child

Name \_\_\_\_\_

Social Security Number --

Date of Birth /

Relationship:  Spouse  Domestic Partner  Child

Name \_\_\_\_\_

Social Security Number --

Date of Birth /

Relationship:  Spouse  Domestic Partner  Child

Name \_\_\_\_\_

Social Security Number --

Date of Birth /

Relationship:  Spouse  Domestic Partner  Child

**BENEFICIARY INFORMATION**

For Term Life and Accidental Death & Dismemberment please write in your Beneficiary information.

NAME OF BENEFICIARY

RELATIONSHIP

Accidental Death & Dismemberment is part of the Medical 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 Mario Chavez

Date