

Hire date 12-17-12

IND 221900-OMG OFFICE USE ONLY Retire Date

EMPLOYEE INFORMATION (Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

Social Security Number 524-67-7164

Date of Birth 07/22/1987 Sex M F

Name Samuel Turner

Street Address 7890 Wolff Ct

City Westminster State CO Zip 80230

Home Phone 785-201-2363

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 any additional benefits. - Your coverage level for the additional benefits will be identical to your medical plan selection.

BENEFIT SELECTION

MEDICAL

- \$23.69 Employee Only \$48.08 Employee +1 \$64.20 Employee + Family

NO to all benefits. If NO is checked, sign and date the bottom of the form and go no further.

DENTAL

- YES \$5.23 Employee Only \$10.46 Employee +1 NO \$17.26 Employee + Family

VISION

- YES \$2.35 Employee Only \$4.00 Employee +1 NO \$5.84 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.

REQUIRED DEPENDENT INFORMATION

Name Jennifer Turner

Social Security Number 568-79-6268

Date of Birth 05/25/1984 Sex M F

Relationship: Spouse Domestic Partner Child

Name Nathan Turner

Social Security Number 651-24-3100

Date of Birth 08/09/2002 Sex M F

Relationship: Spouse Domestic Partner Child

Name Stephan Cooper

Social Security Number 652-40-6555

Date of Birth 03/29/2006 Sex M F

Relationship: Spouse Domestic Partner Child

Name Savannah Cooper

Social Security Number 653-56-9278

Date of Birth 02/27/2010 Sex M F

Relationship: Spouse Domestic Partner Child

BENEFICIARY INFORMATION

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

NAME OF BENEFICIARY Jennifer Turner

RELATIONSHIP Spouse

Accidental Loss of Life, Limb & Sight 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 Samuel Turner

Date 01/14/2013