

ENROLLMENT FORM

ESC UNAV P2M v15.1

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

Social Security Number 094-72-9561
 Date of Birth 07/19/1987 Sex M F
 Name Leslie Rosario Torres
 Street Address 1400 Lincoln Ave
 City Saint Paul Park State M.N. Zip 55071
 Home Phone 763-232-0845

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. _____

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
 YES \$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
 YES \$12.34 Employee + 1
 NO \$20.36 Employee + Family

TERM LIFE 

YES \$0.60 Employee Only
 YES \$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.

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

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

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.