

# ENROLLMENT FORM

ESC UNAV P2M v15.1

## REQUIRED EMPLOYEE INFORMATION

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

Social Security Number 524-81-0794  
Date of Birth 04/03/1991 Sex  M  F  
Name Katlin Marie Barrs  
Street Address 11701 Washington St. #412  
City Northglenn State CO Zip 80233  
Home Phone 720-526-5224

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 Eli Thomas Barrs  
Social Security Number 171-71-1307  
Date of Birth 04/13/2013 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  
Mark Barrs

RELATIONSHIP  
Husband

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 Katlin Barrs

Date 09/27/2015