

ENROLLMENT FORM

SI-IND 219301-E-MP

OFFICE USE ONLY

LOCATION

Rehire Date

REQUIRED EMPLOYEE INFORMATION

PRINT USING BLACK OR BLUE INK

(Must Be Filled Out)

Social Security Number 812-32-3169

Date of Birth 06/04/1977 Sex M F

Name Xhou Xiang

Street Address 291 Ravenix St. #8

City St. Paul State MN Zip 55103

Home Phone 651-214-3185

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

RELATIONSHIP

Accidental Death & Dismemberment is part of the Term Life 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 Xhou Xiang

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 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 \$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 MEC WELLNESS/PREVENTIVE PLAN

8219301O-M-EMP

Monthly Rates

Employee Only \$58.87

Employee + 1 \$87.73

Employee + Family \$186.99

NO to MEC Wellness/Preventive Plan