

**ENROLLMENT FORM - PLAN 2**

ESC UNAV P2 v15.1

**REQUIRED EMPLOYEE INFORMATION**

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

Social Security Number 238-63-9406  
 Date of Birth 03/26/1989 Sex  M  F  
 Name Lynette Smith  
 Street Address 1877 Mudbridge Rd.  
 City Jonesville State SC Zip 29353  
 Home Phone 828-778-0280

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

Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  M  F  
 Relationship:  Spouse  Child  Domestic Partner

**BENEFIT SELECTION** **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  
 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.

**BENEFICIARY INFORMATION**

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.

**NAME OF BENEFICIARY**  
Teresa Smith  
**RELATIONSHIP**  
mother

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 Lynette Smith

Date 12/14/2015