

New Employee
 Rehire *Rehire Date* _____

For Status Change Please Check: You **MUST** provide a supporting Document

Change of Status Birth/ Spouse Loss of Coverage Plan
 Adoption Change
 Marriage Cancel Employee/Dependents
 Divorce

Date of Status Change:

Benefits Enrollment Form

Employee Information

Name (Last, First, MI) Richardson, Mark, T		Date of Birth 05/04.1965	Social Security Number 471847063	
Address 1801 East 73rd. Avenue		City Denver	State Colorado	Zip Code 80229
Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced	Phone Number: 720-473-9875		Date of Hire

Please Select Coverage Elected: Enhanced MEC Plan

Coverage Level :

Single - \$24.00/Week
 Employee+Spouse - \$38.00/Week
 Employee+Child(ren) - \$36.00/Week
 Family - \$63.00/Week

Email Address:
mrichardson51@yahoo.com

Dependent Information

Dependent

			Sex	Birth Date	Coverage Elected	Add (Enroll) Change, or Terminate
Last Name	First Name	M.I.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Medical	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Waive <input type="checkbox"/> Terminate
Social Security #						

Dependent

			Sex	Birth Date	Coverage Elected	Add (Enroll) Change, or Terminate
Last Name	First Name	M.I.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Medical	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Waive <input type="checkbox"/> Terminate
Social Security #						

Dependent

			Sex	Birth Date	Coverage Elected	Add (Enroll) Change, or Terminate
Last Name	First Name	M.I.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Medical	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Waive <input type="checkbox"/> Terminate
Social Security #						

Other coverage information including Medicare/Medicaid

NAME OF PERSON COVERED (LAST, FIRST, MI):

EFF. DATE

EFF. DATE

EFF. DATE

Employee Acknowledgement and Authorization - I hereby apply for the group benefit(s) as indicated. I acknowledge that all entries are true and complete and that any misstatements or failure to report information may be used as the basis for cancellation of coverage for me and my dependent(s), if any, from the original effective date. Further, I authorize my employer to make the necessary payroll deduction of premiums for coverages I have elected.

IF ENROLLING - YOU MUST SIGN HERE

Mark Todd Richardson
 Employee Signature: Mark Todd Richardson (Mar 28, 2016) Date Mar 28, 2016

EMPLOYEES DECLINING Declining due to other coverage.

I understand that I and/or my dependents, if any, waive any coverage and desire to participate in the plan at a later date. I/we may be considered a late enrollee and must meet the requirements defined in the Certificate of Coverage for the company's medical or dental plans. If I decline enrollment for myself or my dependents (including my spouse) because of other coverage, I may, in future be able to enroll myself or my dependents in this plan, provided I request enrollment within 31 days after the other coverage ends. In addition, if a new dependent relationship forms as a result of marriage, birth, adoption, placement for adoption of parting suit of adoption, I may be able to enroll myself or my dependent, provided I request enrollment within 31 days of the event.

IF DECLINING- YOU MUST SIGN HERE

Employee Signature Date Mar 28, 2016



Summary of Benefits

Benefits	Enhanced MEC Plan
<p>Note that this list will be updated from time to time and a current list of covered preventative services is available at all times by visiting www.HealthCare.gov/center/regulations/prevention.html.</p>	
PPO Network	PHCS In Network Only
Deductible	N/A
Coinsurance	N/A
Out of Pocket	N/A
15 Preventive Services for Adults	100% Coverage for Preventative Care Services
22 Preventive Services for Women	
26 Covered Preventive Services for Children	
Telephonic Primary Care Services	100%
Office Visit Primary Care Physician	\$20 Copay
Office Visit Specialist	\$50 Copay
Diagnostic X-ray and Lab (in office)	\$60 Copay
· Cat-Scan/MRI or outpatient testing	\$200 Copay
Emergency Room	not covered
Urgent Care	\$50 Copay
Durable Medical Equipment	\$50 Copay
Psychiatric/Substance Abuse Office Visit	not covered
CVS Minute Clinic	\$10 Copay for all Services
Prescription Generic	\$10 Copay Generic Only 100% Copay on Brand Name Drugs Mail Order Not Covered
Prescription Preferred Brand Drugs	
Prescription Non-Preferred Brand Drugs	
Mail Order Copays	
WEEKLY PREMIUM	
Single Premium	\$ 24.00
Employee Spouse	\$ 38.00
Employee Child/Children	\$ 36.00
Family Premium	\$ 63.00

What is Not Covered: *This is only a Summary of Benefits and Exclusions*****

- Hospital inpatient services are not covered by the plan.
- Mental Health unless covered by the MEC
- Rehabilitative Speech Therapy, Occupational and Physical Therapy
- Skilled Nursing
- Specialty Drugs
- Transplants

Administered by Benefit Plan Administrators, Inc., PO Box 11746, Roanoke, VA 24022-11746800/277-8973
www.bpatpa.com



Essential Staffcare Enrollment Form

Adobe Document Cloud Document
History

3/28/16

Created:	1/15/16
By:	Caitlin Scholl (Caitlin@corpmgmtgroup.com)
Status:	SIGNED
Transaction ID:	CBJCHBCAABAAZLSnewETyucqDMw2CgAMEheBYPq9AxP

“Essential Staffcare Enrollment Form” History

-  Document created by Caitlin Scholl (Caitlin@corpmgmtgroup.com)
1/15/16 - 11:13:10 MST - IP address: 96.93.208.70

-  Document emailed to Mark Todd Richardson (mrichardson51@yahoo.com) for signature
1/15/16 - 11:13:12 MST

-  Document viewed by Mark Todd Richardson (mrichardson51@yahoo.com)
1/15/16 - 11:46:06 MST - IP address: 71.211.221.132

-  Document viewed by Mark Todd Richardson (mrichardson51@yahoo.com)
3/25/16 - 2:26:55 PDT - IP address: 208.54.38.205

-  Document e-signed by Mark Todd Richardson (mrichardson51@yahoo.com)
Signature Date: 3/28/16 - 11:25:45 PDT - Time Source: server - IP address: 97.118.56.225

-  Signed document emailed to Caitlin Scholl (Caitlin@corpmgmtgroup.com) and Mark Todd Richardson (mrichardson51@yahoo.com)
3/28/16 - 11:25:45 PDT

Signature: Mark Todd Richardson

Mark Todd Richardson (Mar 28, 2016)

Email: mrichardson51@yahoo.com