

Health Plan Enrollment Form

- Mark Wampler

ENROLLMENT FORM

ESC ES P2DM v15.1B

REQUIRED EMPLOYEE INFORMATION

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

Social Security Number 381-08-8084

Date of Birth 07/08/1986 Sex M F

Name Mark David Wampfler

Street Address 294 Sanders Cir. BSMT

City Eric State CO Zip 80516

Home Phone 989-513-7629

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)

- _____
- _____
- _____

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 Loss of Life, Limb & Sight, please write in your beneficiary information.

NAME OF BENEFICIARY

Meriah Amerson

RELATIONSHIP

Fiancée

Accidental Loss of Life, Limb & Sight is part of the Fixed Indemnity Medical Benefit.

OPTION 1

FIXED INDEMNITY PLAN

Weekly Rates

You **MUST** enroll in the Indemnity Medical Insurance Plan before adding any additional Indemnity benefits. Your coverage level for the additional benefits will be identical to your medical plan selection.

FIXED INDEMNITY MEDICAL



- \$23.69 Employee Only
 \$48.08 Employee + 1
 \$64.20 Employee + Family
 NO to all Indemnity benefits.

This coverage is not available to residents of New Hampshire, Hawaii, or Puerto Rico.

DENTAL



- YES** \$ 5.40 Employee Only
\$10.80 Employee + 1
 NO \$17.82 Employee + Family

VISION



- YES** \$2.42 Employee Only
\$4.92 Employee + 1
 NO \$6.56 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

82219000-M-CMG

MEC WELLNESS/PREVENTIVE PLAN

Monthly Rates

- \$ 60.00 Employee Only
 \$ 90.87 Employee + 1
 \$111.29 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.

12.15.15