

EMPLOYEE INFORMATION (Must Be Filled Out)

Name: Martin T. Ivey
 Date of Birth: 12/17/1961 Sex: M F
 Social Security Number: 492-80-5634
 City: St. Louis State: MO Zip: 63129
 Street Address: 4101 Brevity Dr.
 Home Phone: 314-845-9228

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. _____

BENEFIT SELECTION Weekly Rates

\$20.91 Employee Only
 \$42.44 Employee + One
 \$56.67 Employee + Family
 NO to MEDICAL, TERM LIFE, and STD benefits.

REQUIRED DEPENDENT INFORMATION

Name: Laura J. Ivey
 Social Security Number: 498-66-3950
 Date of Birth: 12/04/1958 Sex: M F
 Relationship: Spouse Child Domestic Partner

DENTAL

\$5.99 Employee Only
 \$11.98 Employee + One
 \$19.77 Employee + Family
 NO

TERM LIFE

\$0.60 Employee Only
 \$0.90 Employee + One
 \$1.80 Employee + Family

BENEFICIARY INFORMATION

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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: Martin T. Ivey
 Date: 11/27/2015

See other page ...

01/29/2015
Samuel J. Ivey

Child
male

DOB 09/18/1994

487-11-1690
Samuel J. Ivey