

### ENROLLMENT FORM

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

Social Security Number 229-04-8458  
 Date of Birth 03/12/1967 Sex  M  F  
 Name Melissa Rae Hart  
 Street Address 424 Cleveland Ave  
 City Salem State Va Zip 24153  
 Home Phone 540-598-0097

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 David Morrow  
 Social Security Number 247-99-3660  
 Date of Birth 01/05/1996 Sex  M  F  
 Relationship:  Spouse  Child  Domestic Partner

Name Katrina Morrow  
 Social Security Number 655-10-3211  
 Date of Birth 01/29/2001 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 Katrina Morrow  
 RELATIONSHIP Daughter  
 Accidental Death & Dismemberment is part of the Term Life Benefit.

**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  
 Employee + 1  NO to all indemnity benefits.

**FIXED INDEMNITY MEDICAL** 

YES \$20.91 Employee Only  
 NO \$42.44 Employee + 1  
 \$56.67 Employee + Family

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

**DENTAL** 

YES \$6.17 Employee Only  
 NO \$12.34 Employee + 1  
 \$20.36 Employee + Family

**TERM LIFE** 

YES \$0.60 Employee Only  
 NO \$0.90 Employee + 1  
 \$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.

**OPTION 2** 82193010-M-EMP  
**MEC WELLNESS/PREVENTIVE PLAN** Monthly Rates

\$58.87 Employee Only  
 \$87.73 Employee + 1  
 \$186.99 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.

**Signature** Melissa Hart **Date** 11/06/2015