

ENROLLMENT FORM

ESC NAV*SAD P2M v15.0

REQUIRED EMPLOYEE INFORMATION

PRINT USING BLACK or BLUE INK

(Must Be Filled Out)

Social Security Number 521-97-6964
 Date of Birth 07/20/1970 Sex M F
 Name Michael Slobodnik
 Street Address 127 Poppy St
 City Golden State CO Zip 80401
 Home Phone 303-279-3711

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

BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write your beneficiary information.
NAME OF BENEFICIARY
Gabriela Slobodnik, ~~the~~ Mark Slobodnik
RELATIONSHIP
Mother, Brother, 60%, 40%
 Accidental Death & Dismemberment is part of the Term Life Benefit.

**OPTION 1
 FIXED INDEMNITY PLAN** Weekly Rates

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

FIXED INDEMNITY MEDICAL 

- \$20.91 Employee Only
- \$42.44 Employee + 1
- \$56.67 Employee + Family
- NO to all Indemnity benefits.

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

DENTAL 

- \$5.99 Employee Only
- \$11.98 Employee + 1
- \$19.77 Employee + Family
- NO

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
 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 Michael Slobodnik Date 02/16/2015

St. Anthony Hospital
11600 W. 2nd Ave
Lakewood, CO 80228
(720)321-0000

Date: 02/12/15
Patient: SLOBODNIK, MICHAEL
Date of Birth: 07/20/1970

Allergies & Medical Problems

Reason for Visit: AMS

Allergies:

No Known Allergies

Medical Problems

Cerebrovascular accident

Home Medication List

START These Medications

Acetaminophen (Tylenol Tab) 325 Mg Tab	Dose: 650 MILLIGRAM	ORAL, EVERY 6 HOURS AS NEEDED as needed for MODERATE PAIN	Qty: 60 No Refills	Printed
Ascorbic Acid (Vitamin C) 250 Mg Tab.chew	Dose: 1 TABLET	ORAL, 2 TIMES DAILY	Qty: 60 No Refills	Printed
Aspirin EC (Ecotrin) 81 Mg Tabec	Dose: 81 MILLIGRAM	ORAL, DAILY	Qty: 30 No Refills	Printed
Atorvastatin (Lipitor) 40 Mg Tab	Dose: 40 MILLIGRAM	ORAL, AT BEDTIME	Qty: 30 No Refills	Printed
Clopidogrel (Plavix) 75 Mg Tab	Dose: 75 MILLIGRAM	ORAL, DAILY AT BEDTIME	Qty: 30 No Refills	Printed
Docusate Sod/Senna (Senokot-S Tab) 1 Ea Tab	Dose: 1 EACH	ORAL, 2 TIMES DAILY	Qty: 60 No Refills	Printed
Ferrous Sulfate 325 Mg Tab	Dose: 325 MILLIGRAM	ORAL, 2 TIMES DAILY	Qty: 60 No Refills	Printed
Pantoprazole (Protonix) 40 Mg Tab	Dose: 40 MILLIGRAM	ORAL, DAILY	Qty: 30 No Refills	Printed
Polyethylene Glycol (Miralax Granules Pkt 17 gm) 17 Gm/1 Pkt Pack	Dose: 17 GRAM	ORAL, DAILY as needed for CONSTIPATION	Qty: 30 No Refills	Printed

Your Preferred Pharmacy

KING SOOPER #620060
1555 QUAIL, LAKEWOOD, CO 80226
(303)233-1001

Information & Instructions

PATIENT EDUCATION INFORMATION

Teach: Anticoagulation #1

Medications Educated on: enoxaparin(Lovenox)

Anticoagulation Education Topics if Not all Taught: Action & Purpose of meds, Injection Techniques, How/When to take Meds, S/S Bleeding & What to do

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 02/16/2015
Page: 1 of 1

Case Verification Number: 2015047142624JT

Case Information:**Employee Information:**

Last Name:	Slobodnik	First Name:	Michael
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 6964	Date of Birth:	07/20/1970
Citizenship Status:	A citizen of the United States	Email Address:	

Document Information:

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	Social Security Card
Document Name:	Driver's license	Document State:	Colorado
Driver's License or ID Card Number:		Document Expiration Date:	07/20/2016
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	02/16/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	EPOR4912	Submitted On:	02/16/2015

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:		First Name:	
Middle Initial:		Other Names Used:	
Social Security Number:		Date of Birth:	
Resubmitted By:		Resubmitted On:	

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:
 Submitted By: Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result: Response Date:

Employee Referred to DHS:

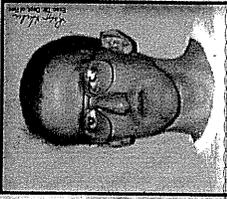
Referred By: Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date:

Colorado
Driver License

92-215-7003 Expires: 07-20-2016
Class: R Issued: 07-18-2011
End: DOB: 07-20-1970
Rest: V Previous Type:
Ht: 6'01" Wt: 175 Eyes: HAZ Sex: M
Voter: *[Signature]*



MICHAEL SLOBODNIK
127 POPPY ST.
GOLDEN, CO 80401

SOCIAL SECURITY

521-47-6964
THIS NUMBER HAS BEEN ESTABLISHED FOR
MICHAEL SLOBODNIK

Michael Slobodnik
SIGNATURE