

EMPLOYEE INFORMATION
(Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

USE BLACK or BLUE INK ONLY
ESC CU(NAV*SAD) P2 v13.0

Social Security Number 524-83-7100
Date of Birth 09/09/1988 Sex M F
Name Nataly Morfin
Street Address 6975 E 77th Ave
City Commerce City State CO Zip 80022
Home Phone 720-394-5418

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

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

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

TERM LIFE 
 YES \$0.60 Employee Only
\$0.90 Employee + One
 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.

You **MUST** enroll in the Medical Insurance Plan before adding Term Life or STD. Your coverage level for Term Life will be identical to your medical plan selection.

REQUIRED DEPENDENT INFORMATION

Name _____
Social Security Number _____
Date of Birth ___/___/___ Sex M F
Relationship: Spouse Child Domestic Partner

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Social Security Number _____
Date of Birth ___/___/___ Sex M F
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Name _____
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Relationship: Spouse Child Domestic Partner

BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.
NAME OF BENEFICIARY Aiden Rodriguez
Henry Flores Jr, Joshua Flores.
RELATIONSHIP
Nephews
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 Nataly Morfin Date 10/21/2014