Essential StaffCARE | PLAN 2 - CHANGE FORM | 219301-EMP

Mail / Fax To: Planned Administrators, Inc.
PO Box 6702, Columbia, SC 29260

Telephone (866) 798-0803
Fax (803) 264-0772

Underwritten by
BCS Insurance Company
Oakbrook Terrace, IL

Fill out this form ONLY if you are making changes in your coverage or terminating coverage.

## EMPLOYEE INFORMATION (must be filled out) — Address / Name Change

Social Security Number 470-84-8181 Date of Birth 11/04/1963 Sex [X] M [ ] F

Name Theodore Roemhildt Home Phone 320-309-3568

Street Address 207 8th street north City Sauk Rapids State Mn Zip 56379

Employer CMG - ESSG Hire Date 10/15/2014

### Add/Change Dependent Information

| Dependent Name | Social Security Number | Date of Birth | Relationship | Gender |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## REASON FOR THE CHANGE

[ ] Address Change [ ] Name Change [ ] Add Dependent(s) [ ] Coverage Change [ ] Beneficiary Change [X] Terminate Coverage

Reason for Termination (only select one)

[ ] T1- Termination of Employment
[ ] T2- Termination due to Retirement
[ ] T3- Termination due to Employee's Medicare Entitlement
[ ] T4- Deceased
[ ] T5- Loss of Dependent Status
[ ] T6- Reduction of Hours
[ ] T7- Non FMLA Leave of Absence
[ ] T8- Divorce/Legal Separation
[ ] T9- USERRA/Military
[ ] TU- Unknown
[X] TV- Voluntary Termination
[ ] TS- Termination with Severance

## PLAN CHANGES - Select the change you wish to make for each benefit.

### Medical/Rx [1] — Weekly Rates

[ ] $20.91 Employee Only
[ ] $42.44 Employee + 1
[ ] $56.67 Employee + Family
[X] Terminate all coverage
[ ] No Change

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

### Dental — Weekly Rates

[ ] $5.99 Employee Only
[ ] $11.98 Employee + 1
[ ] $19.77 Employee + Family
[ ] CANCEL
[ ] NO CHANGE

### Short-Term Disability [2] — Weekly Rates

[ ] ENROLL
[ ] CANCEL — $4.20 Employee Only
[ ] NO CHANGE

### Term Life — Weekly Rates

[ ] ENROLL — $0.60 Employee Only
[ ] CANCEL — $0.90 Employee + 1
[ ] NO CHANGE — $1.80 Employee + Family

[1] This coverage is not available to residents of NH, HI, or PR. [2] STD is not available to persons who work in CA, HI, NJ, NY, or RI.

### Add/Change Life/Accidental Death & Dismemberment

Primary ______________________ Secondary ______________________

Relationship ______________________ Relationship ______________________

I hereby authorize my employer to deduct the required premium contributions from my payroll earnings. If cancelling coverage, I understand that I have been offered an opportunity to become covered under the Essential StaffCARE plan, and I have chosen NOT to take advantage of this offer. I understand that deductions may continue under my old elections until this form is received and processed by PAI. Deductions will not be refunded.

Signature [signature] Date

Form: ESC-NAV*SAD P2 v.15