

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 6 3 1 4 0 6 6 2 4 Date of Birth 12 / 07 / 1993 Sex M

Name SHANNA AKINS Home Phone 979-571-8967

Street Address 1515 S EXTENSION RD APT. 2072 City MESA State AZ Zip 85210

Employer COLORADO LIGHTING Hire Date 05/19/2014

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 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 TV- Voluntary Termination TS- Termination with Severance

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

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 + 1 Employee + Family Terminate all Coverage

Medical/Rx1

Weekly Rates

ENROLL NO CHANGE \$20.91 Employee Only \$56.67 Employee + Family
CANCEL \$42.44 Employee + 1

Dental

Weekly Rates

Short-Term Disability 2

Weekly Rates

ENROLL \$ 6.17 Employee Only
CANCEL \$12.34 Employee + 1 \$4.20 Employee Only
NO CHANGE \$20.36 Employee + Family

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/AD&D Beneficiary

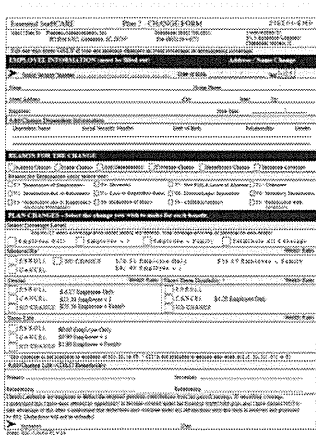
Primary Secondary

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.

Signature SHANNA AKINS (Jan 6, 2016)

Date Jan 6, 2016








ESG Healthcare Change Form

Adobe Document Cloud Document
History

January 06, 2016

Created:	January 06, 2016
By:	Caitlin Scholl (Caitlin@corpmgmtgroup.com)
Status:	SIGNED
Transaction ID:	CBJCHBCAABAxeionG55FKAbqh2J5L9vslgg1JycUaID

“ESG Healthcare Change Form” History

-  Document created by Caitlin Scholl (Caitlin@corpmgmtgroup.com)
January 06, 2016 - 3:22:32 PM MST - IP address: 96.93.208.70
-  Document emailed to SHANNA AKINS (sakins@coloradolighting.com) for signature
January 06, 2016 - 3:22:34 PM MST
-  Document viewed by SHANNA AKINS (sakins@coloradolighting.com)
January 06, 2016 - 3:23:52 PM MST - IP address: 67.42.35.65
-  Document e-signed by SHANNA AKINS (sakins@coloradolighting.com)
Signature Date: January 06, 2016 - 3:31:06 PM MST - Time Source: server - IP address: 67.42.35.65
-  Signed document emailed to Caitlin Scholl (Caitlin@corpmgmtgroup.com) and SHANNA AKINS (sakins@coloradolighting.com)
January 06, 2016 - 3:31:06 PM MST