VSI-IND 219301-EMP	OFFICE USE ONLY		ReHire Date ___ / ___ / _____

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 **249-65-0727**

Date of Birth **02/11/1980** Sex M (F)

Name **Tessa Waymire**

Street Address **154 Lays Lane**

City **Augusta** State **WV** Zip **26704**

Home Phone **304-582-7220**

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

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.

MEDICAL

☐ $20.91 Employee Only

☐ $42.44 Employee + One

☐ $56.67 Employee + Family

☒ **NO to MEDICAL, TERM LIFE, and STD benefits.**

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

DENTAL

☐ $ 5.99 Employee Only

☐ $11.98 Employee + One

☐ $19.77 Employee + Family

☒ **NO**

Name _____

Social Security Number ___ - __ - ____

Date of Birth ___ / ___ / _____ Sex M F
Relationship: ☐ Spouse ☐ Child ☐ Domestic Partner

TERM LIFE

☐ YES $0.60 Employee Only
$0.90 Employee + One
☒ NO $1.80 Employee + Family

BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.

NAME OF BENEFICIARY

_____

RELATIONSHIP

_____

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.

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 **Tessa R. Waymire** Date **02/25/2015**