

ENROLLMENT FORM - PLAN 2

REQUIRED EMPLOYEE INFORMATION

PRINT USING BLACK or BLUE INK (Must Be Filled Out)

Social Security Number 0 7 5 - 8 6 - 4 3 7 9

Date of Birth 1 2 / 0 6 / 1 9 9 6 Sex M F

Name Thomas Kapuscinski

Street Address 10509 Mosher Hollow Rd

City Cattaraugus State Ny Zip 14719

Home Phone 716 - 244 - 2264

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)

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

Name

Social Security Number

Date of Birth Sex M F

Relationship: Spouse Child Domestic Partner

BENEFIT SELECTION Weekly Rates

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 + Family
Employee + 1 NO to all indemnity benefits.

FIXED INDEMNITY MEDICAL

- YES \$20.91 Employee Only \$42.44 Employee + 1
NO \$56.67 Employee + Family

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

DENTAL

- YES \$6.17 Employee Only \$12.34 Employee + 1
NO \$20.36 Employee + Family

TERM LIFE

- YES \$0.60 Employee Only \$0.90 Employee + 1
NO \$1.80 Employee + Family

SHORT-TERM DISABILITY

- YES
NO \$4.20 Employee Only

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

BENEFICIARY INFORMATION

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

NAME OF BENEFICIARY
RELATIONSHIP

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

Date May 3, 2016 /

Essential Staffcare Enrollment Form

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