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 339-86-8909 Date of Birth 12/06/1990 Sex [X] M [ ] F

Name Christopher Tucker Home Phone 612-227-2606

Street Address 117 ~~S~~ 3rd Ave South City Sauk Rapids State MN Zip 56379

Employer CMG - ESSG Hire Date 1/12/2015

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 _____ Date

Form: ESC-NAV*SAD P2 v.15