

# ENROLLMENT FORM

ESC NAV\*SAD P2M v15.0

## REQUIRED EMPLOYEE INFORMATION

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

Social Security Number 653-09-5779

Date of Birth 06/05/1971 Sex  M  F

Name Vilma Sprague

Street Address 5427 S. Dover St. Unit 104

City Littleton State CO Zip 80123

Home Phone 720-292-3160

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. \_\_\_\_\_

## REQUIRED DEPENDENT INFORMATION

Name Charles F. Sprague

Social Security Number 262-94-8533

Date of Birth 08/29/1951 Sex  M  F

Relationship:  Spouse  Child  Domestic Partner

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  M  F

Relationship:  Spouse  Child  Domestic Partner

## BENEFICIARY INFORMATION

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

**NAME OF BENEFICIARY**

Charles F. Sprague

**RELATIONSHIP**

Spouse

Accidental Death & Dismemberment is part of the Term Life Benefit.

## OPTION 1

### FIXED INDEMNITY PLAN Weekly Rates

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

### FIXED INDEMNITY MEDICAL

\$20.91 Employee Only

\$42.44 Employee + 1

\$56.67 Employee + Family

**NO to all Indemnity benefits.**

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

### DENTAL

\$5.99 Employee Only

\$11.98 Employee + 1

\$19.77 Employee + Family

**NO**

### TERM LIFE

**YES** \$0.60 Employee Only

**NO** \$0.90 Employee + 1

**NO** \$1.80 Employee + Family

### 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.

## OPTION 2 82193010-M-EMP

### MEC WELLNESS/PREVENTIVE PLAN Monthly Rates

\$58.87 Employee Only

\$87.73 Employee+ 1

\$186.99 Employee + Family

**NO to MEC Wellness/Preventive Plan**

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 Vilma L. Sprague

Date 07/06/2015