

VSI-IND 219301-EMP OFFICE USE ONLY LOCATION \_\_\_\_\_ Rehire Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### ENROLLMENT FORM

ESC NAV\*SAD P2M v15.0

**REQUIRED EMPLOYEE INFORMATION**  
**PRINT USING BLACK or BLUE INK**  
**(Must Be Filled Out)**  
 Social Security Number 335-74-6497  
 Date of Birth 06/16/1984 Sex  M  F  
 Name William Poma  
 Street Address 3230 N. Kenneth  
 City Chicago State IL Zip 60641  
 Home Phone 312-330-2022

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. \_\_\_\_\_

**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  
 YES \$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.

**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

**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

**BENEFICIARY INFORMATION**

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.  
 NAME OF BENEFICIARY Rosa Poma  
 RELATIONSHIP Mother  
 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 William Poma Date 05/22/2015