

# ENROLLMENT FORM

ESC NAV\*SAD P2M v15.0

VS1-IND 219301-EMP OFFICE USE ONLY LOCATION Rehire Date

## REQUIRED EMPLOYEE INFORMATION

PRINT USING BLACK or BLUE INK  
Social Security Number 109-04-2932  
Date of Birth 01/02/1934 Sex  M  F  
Name AMJED ALI

Street Address 14125 VIRGINIA AVE #306  
City Savage State MN Zip 55378  
Home Phone 651-206-2090

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)

3.

2.

1.

## 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

## 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.

Signature

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.

Date 01/22/2015

## 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.

## OPTION 2

82193010-M-EMP

## MEG WELLNESS/PREVENTIVE PLAN

\$58.87 Employee Only

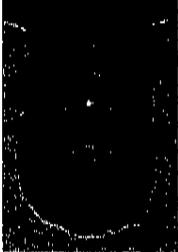
\$87.73 Employee + 1

\$186.99 Employee + Family

NO to MEC Wellness/Preventive Plan



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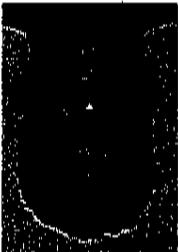


AMJED ALI MOHAMED ALI  
 14125 VIRGINIA AVE S #305  
 SAUSAGE, MN 55378  
 Date of Birth 01-02-1974  
 Sex M  
 Eyes BLK  
 Class D  
 Height 6-5  
 Weight 220  
 ISSUED 08-2014  
 EXPIRES 01-02-2016

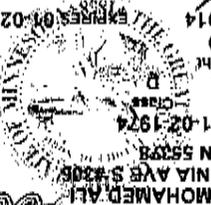


MINNESOTA  
DRIVER'S LICENSE

J300150579103



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