

EVEN IF YOU DO NOT WANT INSURANCE YOU MUST FILL OUT THIS FORM AND SEND IT BACK

1. CLICK TO OPEN ENROLLEMENT FORM

2. Look for this icon in the upper right hand area and click to download to your desktop or folder.



If you do not see these icons right click and "save as" to desktop

3. CHOOSE INSURANCE
C. or E.

4. If you do not want insurance

5. Date and Sign F.

6.

B1 2945800-AIG OFFICE USE ONLY LOCATION _____ New Hire Rehire Date _____

ENROLLMENT FORM

MSC/MEC 4EU SL P4DM v19.0

A. REQUIRED EMPLOYEE INFORMATION

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

Name _____ Home Phone _____

Social Security # _____ Date of Birth ____/____/____ Sex M F

Address _____ Apt. # _____

City _____ Zip _____ State _____

B. MEDICARE INFORMATION

Do you or any of your dependents receive Medicare benefits?
 Yes No. If Yes:

Medicare Health Insurance Claim Number (HICN) _____

Medicare Effective Date _____

Name of Covered Person(s):
1. _____ 2. _____

C. LIMITED BENEFIT PLAN SELECTION

You **MUST** select a coverage level before any benefits in Section C. Your coverage level for all the benefits in Section C will be identical. These plans are underwritten by BCS Insurance Company and 4 Ever Life Insurance Company.

SELECT COVERAGE LEVEL	FIXED INDEMNITY MEDICAL ¹	DENTAL	VISION	TERM LIFE	SHORT-TERM DISABILITY ²
Employee Only <input type="checkbox"/>	\$42.42	\$5.40	\$2.42	\$0.60	\$4.20
Employee + Child(ren) <input type="checkbox"/>	\$70.42	\$14.58	\$6.54	\$0.90	
Employee + Spouse <input type="checkbox"/>	\$80.60	\$10.80	\$4.84	\$0.90	
Employee + Family <input type="checkbox"/>	\$107.32	\$20.52	\$9.20	\$1.80	

NO to ALL Benefits Yes No Yes No Yes No Yes No Yes No

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.

For Term Life / Accidental Loss of Life, Limb & Sight, please write in your beneficiary information. Accidental Loss of Life, Limb & Sight is part of the Fixed Indemnity Medical Benefit.

Name _____ Relationship _____

Payroll Deducted Weekly Rates

D. REQUIRED DEPENDENT INFORMATION

Name	Social Security #	Date of Birth	Sex	Relationship
_____	_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner
_____	_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner
_____	_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner

E. OPTIONAL MEC WELLNESS/PREVENTIVE BENEFIT SELECTION 82945800-M-AIG List Bill Monthly Rates

Enrolling in the Optional MEC Wellness/Preventive Benefit may **DISQUALIFY** you from receiving a subsidy from the health insurance exchange. This plan satisfies the federal healthcare reform Individual Mandate. This is an offer of ACA compliant coverage and by purchasing this plan, you will not be taxed for failing to purchase insurance required by the Affordable Care Act. The MEC Wellness/Preventive Benefit is **NOT** underwritten by BCS Insurance Company. It is a benefit offered and provided by your employer. Rates for the MEC Wellness/Preventive Benefit are billed monthly.

\$58.19 Employee Only \$65.79 Employee + Child(ren) \$71.00 Employee + Spouse \$80.87 Employee + Family

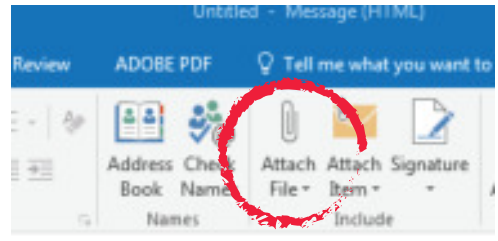
NO to MEC Wellness/Preventive

F. REQUIRED SIGNATURE YOU MUST SIGN AND DATE EVEN IF YOU DECLINE COVERAGE

I have read the Benefits Summary and the Limitations and Exclusions for the Fixed Indemnity Medical Plan. I understand that I have been offered ACA compliant coverage (MEC Wellness/Preventive), and open enrollment is only available for a limited time. I understand that making no benefit selection is a declination of coverage.

DATE ____/____/____ SIGNATURE _____

Save and attach File and send to:
HR@tristatenursing.com



Your e-mail may look different