



Employee Name: _____ Social Security #: _____

Birth Date: _____ Address: _____

City: _____ State/Zip: _____ Gender(M/F): _____

Phone: _____ Email Address: _____

Medical, Dental, Vision, Accident and Critical Care & Cancer Insurance is billed one month in advance of the benefit effective date. Premiums for these products will be due beginning with the first pay period one month prior to the benefit effective date. Rates shown below are MONTHLY

Instructions: Please initial beside any plan you wish to elect coverage for OR initial next to each coverage waiver

BCBS MEDICAL					
Option 1 Blue Options 1-2-3 3500		Initial	Option 2 Blue Options PPO 5000		Initial
Employee Only	\$736.64		Employee Only	\$700.96	
Employee + Spouse	\$1716.42		Employee + Spouse	\$1633.29	
Employee + Child(ren)	\$1314.96		Employee + Child(ren)	\$1251.27	
Family	\$2273.47		Family	\$2425.37	
Option 3 Blue Options HSA 5000		Initial	Option 4 Blue Options HSA 2500		
Employee Only	\$610.15		Employee Only	\$673.41	
Employee + Spouse	\$1421.69		Employee + Spouse	\$1569.09	
Employee + Child(ren)	\$1089.17		Employee + Child(ren)	\$1202.09	
Family	\$2111.16		Family	\$2330.04	
Annual HSA Contribution:					
					WAIVE MEDICAL
BCBS DENTAL					Initial
Option 1 Base Plan		Initial	Option 2 Gold Plan		
Employee Only	\$35.22		Employee Only	\$41.21	
Employee + Spouse	\$70.44		Employee + Spouse	\$82.41	
Employee + Child(ren)	\$84.52		Employee + Child(ren)	\$100.71	
Family	\$128.55		Family	\$154.23	
*If you had prior dental coverage, please list dates of coverage and WHO was covered:					
					WAIVE DENTAL
BCBS VISION					Initial
Employee		\$6.07			
Employee + Spouse		\$11.53			
Employee + Children		\$12.14			
Family		\$17.85			
					WAIVE VISION
USAbLe Accident					
BASIC		Initial	SELECT		Initial
Employee Only	\$9.79		Employee Only	\$11.58	
Employee + Spouse	\$19.58		Employee + Spouse	\$26.42	
Employee + Child	\$22.75		Employee + Child	\$27.29	
Family	\$32.54		Family	\$38.85	
					WAIVE ACCIDENT



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US Able Critical Care & Cancer				Initial	
Employee Age		Spouse Age			
Employee Benefit Amount		Spouse Benefit Amount			
Child Benefit Amount		WAIVE CRITICAL CARE			
METLIFE VOLUNTARY LIFE – Rates based on age of employee					
Employee: Increments of \$10,000 up to \$500,000, Spouse: Increments of \$5,000 up to \$100,000, not to exceed 100% of employee amount Child(ren): \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000 Guarantee Issue (GI) Amount: \$50,000 (employee), \$25,000 (spouse), \$10,000 (child), any amount elected over that will require a Statement of Health application, to be reviewed and approved by the carrier. <i>*Spouse rate determined by employee age*</i>					
Please initial next to the age bracket that applies to you					
Employee Age		Initial			
Under 30					
30-34					
35-39					
40-44					
45-49					
50-54					
55-59					
60-64					
Accidental Death & Dismemberment Coverage: \$.017 per \$1,000 of voluntary life coverage					
COVERAGE AMOUNT				RATE	
Employee				\$	
Spouse				\$	
Child				\$	
BENEFICIARY INFORMATION		NAME		PERCENTAGE	
Primary					
Primary					
Contingent					
Contingent					
DEPENDENTS – REQUIRED INFORMATION					
Name	Social Security Number	Date of Birth	M/F	Relationship	

Employee Signature: _____ Date: _____