



VSI 2951800-ALY

OFFICE USE ONLY

LOCATION _____

Rehire Date ____/____/____

ENROLLMENT FORM

ESC/MEC 4NAVCL P1DM v22.0

A. REQUIRED EMPLOYEE INFORMATION**PRINT USING BLACK or BLUE INK (Must Be Filled Out)**

Name	Phone
Social Security #	Date of Birth / / Gender ☐ 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**Payroll Deducted Weekly Rates**

You **MUST** enroll in the **Fixed Indemnity Medical Insurance Plan** before adding any additional benefits in Section C. Your coverage level for the additional benefits in Section C will be identical to your fixed indemnity medical plan selection. These plans are underwritten by BCS Insurance Company and 4 Ever Life Insurance Company.

	FIXED INDEMNITY MEDICAL ¹	DENTAL	TERM LIFE	SHORT-TERM DISABILITY ²
Employee Only	☐ \$22.76	\$5.40	\$0.60	\$4.20
Employee + Child(ren)	☐ \$37.78	\$14.58	\$0.90	
Employee + Spouse	☐ \$43.24	\$10.80	\$0.90	
Employee + Family	☐ \$57.58	\$20.52	\$1.80	
	☐ NO to ALL Benefits	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

¹This coverage is not available to residents of NH, HI, or PR. ²STD is not available to persons who work in CA, HI, NJ, NY, or RI.

For Term Life / Accidental Death & Dismemberment please write in your beneficiary information. Accidental Death & Dismemberment is part of the Group Term Life Benefit.

Name Relationship

D. REQUIRED DEPENDENT INFORMATION

Name	Social Security #	Date of Birth / /	Gender ☐ M ☐ F	Relationship ☐ Spouse ☐ Child ☐ Domestic Partner
Name	Social Security #	Date of Birth / /	Gender ☐ M ☐ F	Relationship ☐ Spouse ☐ Child ☐ Domestic Partner
Name	Social Security #	Date of Birth / /	Gender ☐ M ☐ F	Relationship ☐ Spouse ☐ Child ☐ Domestic Partner

E. OPTIONAL MEC WELLNESS/PREVENTIVE BENEFIT SELECTION

82951800-M-ALY

List Bill Monthly Rates

Enrolling in the **Optional MEC Wellness/Preventive Benefit** may **DISQUALIFY** you from receiving a subsidy from the health insurance exchange. The MEC Wellness/Preventive Benefit is **NOT** underwritten by BCS Insurance Company. It is a benefit offered and provided by your employer. Note: The Patient Protection and Affordable Care Act (PPACA) individual mandate no longer imposes a penalty at the federal level; however, please check with your state for any state specific individual mandate requirements or penalties. 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. I affirmatively consent to the voluntary receipt of the plan documents elections, via email or website.

DATE ____/____/____

SIGNATURE