

J.W. Ebert Corporation

dba McDonald's

917 West Main St. Suite 201

Bridgeport, WV 26330

Phone: (304) 848-2123

BillPittman@live.com

Individual Dental / Vision Enrollment Form

Date: _____

Store Name: _____

Employee Name: _____

Email Address: _____

I would like to apply for:

Individual Dental ___ - 13.73 per pay

Individual Vision ___ - 2.31 per pay

Total Per Pay deduction _____

I understand that coverage will start on January 1, 2023 for applications received during the open enrollment period (November 2nd - December 8th).

Coverage will terminate when the employee no longer is actively employed.

Signed: _____

Please email all information pertaining to health, dental or vision insurance to BillPittman@live.com. Please do NOT fax any paperwork.