

Employee Enrollment Form

May 16, 2019

Name: _____ Birth Date _____

Spouse Name: _____ Birth Date _____

Dependent Name (s) _____ Birth Date _____

_____ Birth Date _____

_____ Birth Date _____

_____ Birth Date _____

_____ Birth Date _____

Choose One:

Choose One:

Plan Type:

Type of Coverage:

Plan A _____

Individual _____

Plan G _____

Parent/Child _____

Plan E _____

Parent/Children _____

2-Person _____

Family _____

Employee Co-Pay:

| | <u>Plan A</u> | <u>Plan G</u> | <u>Plan E</u> |
|------------|---------------|---------------|---------------|
| Individual | 45.00 | 50.00 | 60.00 |
| All Other | 123.00 | 90.00 | 170.00 |

Signature: _____ Date _____