

Employee Enrollment Form

May 15, 2018

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 _____