



Employee Information

First Name _____ Gender M___ F___

Last Name _____

Social Security # _____ - _____ - _____

Date of Birth ____/____/____ Date of Hire ____/____/____

Home Address _____

City _____ State _____ ZipCode _____

Email Address _____

Dependent Information

Full Name _____ DOB ____/____/____ Spouse Child

Full Name _____ DOB ____/____/____ Spouse Child

Full Name _____ DOB ____/____/____ Spouse Child

Full Name _____ DOB ____/____/____ Spouse Child

Coverage Options & Elections

Dental - High Option - # 1A

- Employee: \$32.53
- Employee & Spouse: \$68.99
- Employee & Child: \$68.99
- Employee & Children: \$98.65
- Employee & Family: \$98.65

Dental - Low Option - # 2B

- Employee: \$29.57
- Employee & Spouse: \$61.94
- Employee & Child: \$61.94
- Employee & Children: \$85.74
- Employee & Family: \$85.74

Vision Plan

- Employee: \$7.24
- Employee & Spouse: \$13.28
- Employee & Children: \$13.28
- Employee & Family: \$22.48

Legal Plan

- Employee: \$22.50
- One Rate Covers Employee, All Children and Spouse.*

Signature

Date

