



## 2021 Employee Benefits Election Form

This Form "MUST" Be Completed Regardless of Taking Coverage or Not!

Print Name \_\_\_\_\_

Rates Are Per Pay Period

UnitedHealthcare Medical P30003060eLX								
Open Enrollment 4/1/21 - 4/30/21					Effective 5/1/21			
Self Only	With Spouse	With Child(ren)	Full Family	Waive Coverage				
<input type="checkbox"/> \$48.10	<input type="checkbox"/> \$174.64	<input type="checkbox"/> \$157.37	<input type="checkbox"/> \$283.97	<input type="checkbox"/>				

Humana Dental								
Open Enrollment 12/1/20 - 12/31/21					Effective 1/1/21			
Self Only	With Spouse	With Child(ren)	Full Family	Waive Coverage				
<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$8.10	<input type="checkbox"/> \$12.56	<input type="checkbox"/> \$20.66	<input type="checkbox"/>				

Humana Vision								
Open Enrollment 12/1/20 - 12/31/21					Effective 1/1/21			
Self Only	With Spouse	With Child(ren)	Full Family	Waive Coverage				
<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$1.96	<input type="checkbox"/> \$1.76	<input type="checkbox"/> \$3.89	<input type="checkbox"/>				

Signature \_\_\_\_\_ Date \_\_\_\_\_

Changes to your current election can only be made during the open enrollment period unless you have a qualifying event.



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# Employee Information Form

## I. Employee

Name \_\_\_\_\_  
*First MI Last*

Social Security Number \_\_\_\_\_ ☐ Male ☐ Female

Date of Birth \_\_\_\_\_ Hire Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
*City ST Zip*

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Title/Occupation \_\_\_\_\_ Salary \_\_\_\_\_

### I. Dependents

Name \_\_\_\_\_ ☐ Male ☐ Female

Date of Birth \_\_\_\_\_ Relationship: ☐ Spouse ☐ Child

SSN \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ ☐ Male ☐ Female

Date of Birth \_\_\_\_\_ Relationship: ☐ Spouse ☐ Child

SSN \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ ☐ Male ☐ Female

Date of Birth \_\_\_\_\_ Relationship: ☐ Spouse ☐ Child

SSN \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ ☐ Male ☐ Female

Date of Birth \_\_\_\_\_ Relationship: ☐ Spouse ☐ Child

SSN \_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## II. Dependents ( continued)

Name \_\_\_\_\_ ☐ Male ☐ Female

Date of Birth \_\_\_\_\_ Relationship: ☐ Spouse ☐ Child

SSN \_\_\_\_\_

Name \_\_\_\_\_ ☐ Male ☐ Female

Date of Birth \_\_\_\_\_ Relationship: ☐ Spouse ☐ Child

SSN \_\_\_\_\_

Name \_\_\_\_\_ ☐ Male ☐ Female

Date of Birth \_\_\_\_\_ Relationship: ☐ Spouse ☐ Child

SSN \_\_\_\_\_

Name \_\_\_\_\_ ☐ Male ☐ Female

Date of Birth \_\_\_\_\_ Relationship: ☐ Spouse ☐ Child

SSN \_\_\_\_\_

Name \_\_\_\_\_ ☐ Male ☐ Female

Date of Birth \_\_\_\_\_ Relationship: ☐ Spouse ☐ Child

SSN \_\_\_\_\_