



## 2018 Benefits Enrollment Form

Complete this form for MEC, Dental and Voluntary Life.

If you wish to enroll in the major medical plan, you MUST complete the UMR enrollment form.

<b>Employee Name:</b>	<b>Social Security Number:</b>	<b>Date:</b>
<b>Address:</b>	<b>Marital Status (Please check one):</b> Single      Married      Divorced	<b>Effective Date:</b> 1/1/18
<b>City, State and Zip:</b>	<b>Home Phone:</b>	<b>Date of Birth:</b>

<b>MEC</b>	<b>Circle Only One Coverage Level</b>
<b>Key Benefit/Multi-Plan</b>	<b>Key Benefits/Multi-Plan MEC (Preventive Only)</b>
<b>Weekly Deduction</b>	
Employee Only	<b>\$15.92</b>
Employee + Spouse	<b>\$25.10</b>
Employee + Child(ren)	<b>\$39.46</b>
Family	<b>\$48.63</b>
<b>Waiver of MEC Coverage</b>	I do not want coverage      I have coverage elsewhere

<b>Dependent Information</b> – Complete all sections for all covered dependents.				
Name	Relationship	Social Security Number	Gender	Date of Birth

<b>Dental Options</b>	<b>Circle Only One Coverage Level</b>
<b>Guardian</b>	<b>Weekly</b>
Employee Only	\$5.00
Family	\$14.00
<b>Waiver of Dental Coverage</b>	I do not want coverage



The only time you can enroll in guaranteed issue voluntary life and AD&D insurance, is at the date you first become eligible to enroll. If you do not enroll then and later decide that you would like to enroll, you will be required to complete a medical questionnaire and go through medical underwriting. The insurance carrier reserves the right to decline coverage based on medical information obtained on the medical questionnaire

Life Benefit	<b>Employee Voluntary Life &amp; ADD Calculator- Shows Weekly Payroll Deduction</b>								
	This Chart only shows up to the Guarantee Issue Amount, you may elect more coverage subject to evidence of insurability								
	Less than 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$10,000	\$0.29	\$0.29	\$0.35	\$0.53	\$0.85	\$1.27	\$2.12	\$3.51	\$5.42
\$20,000	\$0.58	\$0.58	\$0.70	\$1.06	\$1.70	\$2.54	\$4.24	\$7.02	\$10.84
\$30,000	\$0.87	\$0.87	\$1.05	\$1.59	\$2.55	\$3.81	\$6.36	\$10.53	\$16.26
\$40,000	\$1.16	\$1.16	\$1.40	\$2.12	\$3.40	\$5.08	\$8.48	\$14.04	\$21.68
\$50,000	\$1.45	\$1.45	\$1.75	\$2.65	\$4.25	\$6.35	\$10.60	\$17.55	\$27.10
\$60,000	\$1.74	\$1.74	\$2.10	\$3.18	\$5.10	\$7.62	\$12.72	\$21.06	\$32.52
\$70,000	\$2.03	\$2.03	\$2.45	\$3.71	\$5.95	\$8.89	\$14.84	\$24.57	\$37.94
\$80,000	\$2.32	\$2.32	\$2.80	\$4.24	\$6.80	\$10.16	\$16.96	\$28.08	\$43.36
\$90,000	\$2.61	\$2.61	\$3.15	\$4.77	\$7.65	\$11.43	\$19.08	\$31.59	\$48.78
\$100,000	\$2.90	\$2.90	\$3.50	\$5.30	\$8.50	\$12.70	\$21.20	\$35.10	\$54.20
Life Benefit	<b>Spousal Voluntary Life &amp; ADD Calculator- Shows Weekly Payroll Deduction</b>								
	This Chart only shows up to the Guarantee Issue Amount, you may elect more coverage subject to evidence of insurability								
	Less than 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$5,000	\$0.07	\$0.08	\$0.09	\$0.14	\$0.22	\$0.32	\$0.53	\$0.88	\$1.36
\$10,000	\$0.14	\$0.15	\$0.18	\$0.27	\$0.43	\$0.63	\$1.06	\$1.75	\$2.71
\$15,000	\$0.21	\$0.23	\$0.27	\$0.41	\$0.65	\$0.95	\$1.59	\$2.63	\$4.07
\$20,000	\$0.28	\$0.30	\$0.36	\$0.54	\$0.86	\$1.26	\$2.12	\$3.50	\$5.42
\$25,000	\$0.35	\$0.38	\$0.45	\$0.68	\$1.08	\$1.58	\$2.65	\$4.38	\$6.78
Voluntary Child(ren) Life Rates- Shows Weekly Cost									
Life Benefit									
\$10,000	\$0.37								

<b>Voluntary Life Elections-</b> If electing coverage you must circle the amount in the charts above and write in your benefit amount below	
Employee Decline Yes, I would like to purchase Voluntary Life & ADD for Me	\$ _____ (increments of 10k)
Spouse Decline Yes, I would like to purchase Voluntary Life & ADD for my Spouse	\$ _____ (increments of 5k)
Child(ren) Decline Yes, I would like to purchase Voluntary Life & ADD for my Child(ren)	\$ _____ (10k)



**Beneficiary Designation-** (Right to change beneficiary is reserved to the insured) If more than one beneficiary is named, the beneficiaries shall share benefits equally unless otherwise stated below. If indicating benefit percentages, the percentages must total 100% for primary Beneficiaries and 100% for Contingent Beneficiaries.

Name (Last, First & Middle Initial)	Relationship	Primary/Contingent		Benefit Percent
		Primary	Contingent	
		Primary	Contingent	%
		Primary	Contingent	%
		Primary	Contingent	%
		Primary	Contingent	%

## Employee Signature

I have received and read the printed materials describing Indian River's benefit options and employee contributions. Based on the option(s) I chose, I understand that beginning on the benefits effective date, a portion of my future pay will be redirected through payroll deductions to pay the entire cost of optional coverage as elected. I authorize Indian River Transport to enroll my listed dependents and myself in the benefit plans I have selected above, and to redirect the required payroll deductions from my regular paychecks.

I further understand that my Group Insurance Benefit premiums are redirected from my paycheck on a pre-tax basis under the Section 125 plan (with the exception of the Voluntary Group Term Life which are deducted on an after-tax basis). Under the provisions of the plan, I understand that the amounts I have chosen to redirect must remain in effect until the next annual open enrollment period unless a qualifying event occurs. I understand that if I do not elect benefits at the time of my initial eligibility, I will not be permitted to make mid-year changes unless a qualifying event occurs.

I certify that the information on this form is true, accurate and complete to the best of my knowledge, and I understand that this authorization shall continue in effect until I submit a new Enrollment/Change Form.

By typing my name in the box below, I certify that this is my electronic signature.

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Signature

Date