

# Master Plans

**Consolidated Enrollment/Change**

**Plan Year - 08/01/21-07/31/22**

**Effective Date:**

|  |                               |                      |   |
|--|-------------------------------|----------------------|---|
| <b>Employee Name</b> (Last, First, Middle Initial) | <b>Social Security Number</b> | <b>Date of Birth</b> | <b>Marital Status</b><br><input type="checkbox"/> Single <input type="checkbox"/> Married |
|--|-------------------------------|----------------------|---|

|                          |                     |                               |               |
|--------------------------|---------------------|-------------------------------|---------------|
| <b>Address (Mailing)</b> | <b>Phone Number</b> | <b>Job Title / Occupation</b> | <b>Salary</b> |
|--------------------------|---------------------|-------------------------------|---------------|

|                            |                       |                         |                     |                     |
|----------------------------|-----------------------|-------------------------|---------------------|---------------------|
| <b>City, State and Zip</b> | <b>E-Mail Address</b> | <b>Gender:</b><br>M / F | <b>Weekly Hours</b> | <b>Date of Hire</b> |
|----------------------------|-----------------------|-------------------------|---------------------|---------------------|

|  |   |   |  |
|--|---|---|--|
| <b>Enrollment</b> (Check One if it applies)<br><input type="checkbox"/> Open Enrollment Period<br><input type="checkbox"/> New Hire<br><input type="checkbox"/> Rehire/Reinstatement<br><input type="checkbox"/> Acquisition | <b>Change</b> (Check One if it applies)<br><input type="checkbox"/> Change Address<br><input type="checkbox"/> Add Dependent(s)<br><input type="checkbox"/> Cancel Dependent(s)<br><input type="checkbox"/> Waive/Dropping Coverage | <input type="checkbox"/> Change Name<br><input type="checkbox"/> Insurance Continuation | <b>Family Status Change</b> (Check One if it applies)<br><input type="checkbox"/> Add Dependent(s)<br><input type="checkbox"/> Cancel Dependent(s)<br><input type="checkbox"/> Waive/Dropping Coverage |
|--|---|---|--|

| <b>Action</b>  | <b>Dependent Last Name</b> | <b>First Name</b> | <b>Date of Birth</b> | <b>Social Security Number</b> | <b>Relationship:</b> - Must be legal spouse or child to be eligible | <b>Gender</b><br>Circle One |
|--|----------------------------|-------------------|----------------------|-------------------------------|---|-----------------------------|
| <input type="checkbox"/> Enroll<br><input type="checkbox"/> Add<br><input type="checkbox"/> Change |                            |                   |                      |                               | Self  | M / F                       |
| <input type="checkbox"/> Enroll<br><input type="checkbox"/> Add<br><input type="checkbox"/> Change |                            |                   |                      |                               | Spouse  | M / F                       |
| <input type="checkbox"/> Enroll<br><input type="checkbox"/> Add<br><input type="checkbox"/> Change |                            |                   |                      |                               | Child   | M / F                       |
| <input type="checkbox"/> Enroll<br><input type="checkbox"/> Add<br><input type="checkbox"/> Change |                            |                   |                      |                               | Child   | M / F                       |

**\*\* MEDICAL \*\***

|                       |  |  |  |  |   |
|-----------------------|--|--|--|--|---|
| <b>MEC 1</b>          | <input type="checkbox"/> Employee Only<br>\$83.00 per month  | <input type="checkbox"/> Employee + Spouse<br>\$103.00 per month | <input type="checkbox"/> Employee + Child(ren)<br>\$103.00 per month | <input type="checkbox"/> Employee + Family<br>\$103.00 per month | <input type="checkbox"/> Decline Coverage |
| <b>MEC 2</b>          | <input type="checkbox"/> Employee Only<br>\$95.85 per month  | <input type="checkbox"/> Employee + Spouse<br>\$145.59 per month | <input type="checkbox"/> Employee + Child(ren)<br>\$136.17 per month | <input type="checkbox"/> Employee + Family<br>\$189.82 per month |   |
| <b>MEC 3</b>          | <input type="checkbox"/> Employee Only<br>\$146.75 per month | <input type="checkbox"/> Employee + Spouse<br>\$231.24 per month | <input type="checkbox"/> Employee + Child(ren)<br>\$215.24 per month | <input type="checkbox"/> Employee + Family<br>\$306.30 per month |   |
| <b>MEC 4</b>          | <input type="checkbox"/> Employee Only<br>\$210.44 per month | <input type="checkbox"/> Employee + Spouse<br>\$361.81 per month | <input type="checkbox"/> Employee + Child(ren)<br>\$329.77 per month | <input type="checkbox"/> Employee + Family<br>\$496.56 per month |   |
| <b>Ternian Basic</b>  | <input type="checkbox"/> Employee Only<br>\$83.18 per month  | <input type="checkbox"/> Employee + 1<br>\$182.76 per month      | <input type="checkbox"/> Employee & Family<br>\$265.84 per month     |  |   |
| <b>Ternian Choice</b> | <input type="checkbox"/> Employee Only<br>\$177.25 per month | <input type="checkbox"/> Employee + 1<br>\$381.91 per month      | <input type="checkbox"/> Employee & Family<br>\$556.43 per month     |  |   |
| <b>Ternian Max</b>    | <input type="checkbox"/> Employee Only<br>\$271.89 per month | <input type="checkbox"/> Employee + 1<br>\$581.39 per month      | <input type="checkbox"/> Employee & Family<br>\$850.52 per month     |  |   |

**\*\* DENTAL \*\***

|                         |  |  |  |  |   |
|-------------------------|--|--|--|--|---|
| <b>Cigna HMO</b>        | <input type="checkbox"/> Employee Only<br>\$19.73 per month  | <input type="checkbox"/> Employee + Spouse<br>\$52.65 per month  | <input type="checkbox"/> Employee + Child(ren)<br>\$52.65 per month  | <input type="checkbox"/> Employee + Family<br>\$52.65 per month  | <input type="checkbox"/> Decline Coverage |
|                         | Primary choice for dental office _____ Secondary choice for dental office _____<br>If you do not choose a dental office, one will be assigned to you. Assignments can be changed during the plan year. |  |  |  |   |
| <b>MetLife PPO Low</b>  | <input type="checkbox"/> Employee Only<br>\$30.00 per month  | <input type="checkbox"/> Employee + Spouse<br>\$61.08 per month  | <input type="checkbox"/> Employee + Child(ren)<br>\$77.45 per month  | <input type="checkbox"/> Employee + Family<br>\$117.35 per month |   |
| <b>MetLife PPO High</b> | <input type="checkbox"/> Employee Only<br>\$39.58 per month  | <input type="checkbox"/> Employee + Spouse<br>\$80.49 per month  | <input type="checkbox"/> Employee + Child(ren)<br>\$98.52 per month  | <input type="checkbox"/> Employee + Family<br>\$150.37 per month |   |
| <b>MetLife Premier</b>  | <input type="checkbox"/> Employee Only<br>\$53.00 per month  | <input type="checkbox"/> Employee + Spouse<br>\$107.77 per month | <input type="checkbox"/> Employee + Child(ren)<br>\$131.91 per month | <input type="checkbox"/> Employee + Family<br>\$201.34 per month |   |

Employee Name (Last, First, Middle Initial) \_\_\_\_\_

| <b>** VISION **</b> |   |   |   |   |   |
|---------------------|---|---|---|---|---|
| <b>MetLife Low</b>  | <input type="checkbox"/> Employee Only<br>\$9.21 per month  | <input type="checkbox"/> Employee + Spouse<br>\$18.48 per month | <input type="checkbox"/> Employee + Child(ren)<br>\$15.65 per month | <input type="checkbox"/> Employee + Family<br>\$25.79 per month | <input type="checkbox"/> Decline Coverage |
| <b>MetLife High</b> | <input type="checkbox"/> Employee Only<br>\$12.55 per month | <input type="checkbox"/> Employee + Spouse<br>\$25.19 per month | <input type="checkbox"/> Employee + Child(ren)<br>\$21.30 per month | <input type="checkbox"/> Employee + Family<br>\$35.13 per month |   |

| <b>** VOLUNTARY LIFE/AD&amp;D **</b>        |  |              |   |
|---|--|--------------|---|
| Please refer to rate chart in Benefit Guide |  |              |   |
| <b>MetLife</b>                              | <input type="checkbox"/> Elect <b>EMPLOYEE</b> Life Amount Equal to _____<br><b>(You must also complete the MetLife enrollment form to secure this benefit.)</b> | Cost = _____ | <input type="checkbox"/> Decline Coverage |
| <b>MetLife</b>                              | <input type="checkbox"/> Elect <b>SPOUSE</b> Life Amount Equal to _____<br><b>(You must also complete the MetLife enrollment form to secure this benefit.)</b>   | Cost = _____ |   |
| <b>MetLife</b>                              | <input type="checkbox"/> Elect <b>CHILD</b> Life Amount Equal to _____<br><b>(You must also complete the MetLife enrollment form to secure this benefit.)</b>    | Cost = _____ |   |

| <b>** SHORT TERM DISABILITY **</b>          |  |  |
|---|--|--|
| Please refer to rate chart in Benefit Guide |  |  |
| <b>Aflac Disability</b>                     | <input type="checkbox"/> Elect Disability Monthly Benefit of _____ | Cost = _____ <input type="checkbox"/> Decline Coverage |

| <b>** ACCIDENT **</b> |   |   |   |   |   |
|-----------------------|---|---|---|---|---|
| <b>Aflac Accident</b> | <input type="checkbox"/> Employee Only<br>\$13.07 per month | <input type="checkbox"/> Employee & Spouse<br>\$22.71 per month | <input type="checkbox"/> Employee & Child(ren)<br>\$31.40 per month | <input type="checkbox"/> Employee & Family<br>\$41.04 per month | <input type="checkbox"/> Decline Coverage |

| <b>** HOSPITAL INDEMNITY **</b> |   |   |   |   |   |
|---------------------------------|---|---|---|---|---|
| <b>Aflac Hospital</b>           | <input type="checkbox"/> Employee Only<br>\$37.16 per month | <input type="checkbox"/> Employee & Spouse<br>\$73.26 per month | <input type="checkbox"/> Employee & Child(ren)<br>\$62.84 per month | <input type="checkbox"/> Employee & Family<br>\$98.94 per month | <input type="checkbox"/> Decline Coverage |

| <b>** CRITICAL ILLNESS **</b> |   |   |   |   |   |
|-------------------------------|---|---|---|---|---|
| <b>Aflac Critical Illness</b> | <b>Employee \$5,000</b>                                 | <b>Employee \$10,000</b>                                | <b>Employee \$15,000</b>                                | <b>Employee \$20,000</b>                                | <input type="checkbox"/> Decline Coverage |
|                               | <input type="checkbox"/> Age 18-29<br>\$3.46 per month  | <input type="checkbox"/> Age 18-29<br>\$5.40 per month  | <input type="checkbox"/> Age 18-29<br>\$7.34 per month  | <input type="checkbox"/> Age 18-29<br>\$9.28 per month  |   |
|                               | <input type="checkbox"/> Age 30-39<br>\$4.95 per month  | <input type="checkbox"/> Age 30-39<br>\$8.38 per month  | <input type="checkbox"/> Age 30-39<br>\$11.82 per month | <input type="checkbox"/> Age 30-39<br>\$15.25 per month |   |
|                               | <input type="checkbox"/> Age 40-49<br>\$8.44 per month  | <input type="checkbox"/> Age 40-49<br>\$15.36 per month | <input type="checkbox"/> Age 40-49<br>\$22.28 per month | <input type="checkbox"/> Age 40-49<br>\$29.19 per month |   |
|                               | <input type="checkbox"/> Age 50-59<br>\$15.30 per month | <input type="checkbox"/> Age 50-59<br>\$29.09 per month | <input type="checkbox"/> Age 50-59<br>\$42.87 per month | <input type="checkbox"/> Age 50-59<br>\$56.66 per month |   |
|                               | <input type="checkbox"/> Age 60+<br>\$27.84 per month   | <input type="checkbox"/> Age 60+<br>\$54.15 per month   | <input type="checkbox"/> Age 60+<br>\$80.41 per month   | <input type="checkbox"/> Age 60+<br>\$106.78 per month  |   |
|                               | <b>Spouse \$5,000</b>                                   | <b>Spouse \$7,500</b>                                   | <b>Spouse \$10,000</b>                                  |   |   |
|                               | <input type="checkbox"/> Age 18-29<br>\$3.46 per month  | <input type="checkbox"/> Age 18-29<br>\$4.43 per month  | <input type="checkbox"/> Age 18-29<br>\$5.40 per month  |   |   |
|                               | <input type="checkbox"/> Age 30-39<br>\$4.95 per month  | <input type="checkbox"/> Age 30-39<br>\$6.67 per month  | <input type="checkbox"/> Age 30-39<br>\$8.38 per month  |   |   |
|                               | <input type="checkbox"/> Age 40-49<br>\$8.44 per month  | <input type="checkbox"/> Age 40-49<br>\$11.90 per month | <input type="checkbox"/> Age 40-49<br>\$15.36 per month |   |   |
|                               | <input type="checkbox"/> Age 50-59<br>\$15.30 per month | <input type="checkbox"/> Age 50-59<br>\$22.20 per month | <input type="checkbox"/> Age 50-59<br>\$29.09 per month |   |   |
|                               | <input type="checkbox"/> Age 60+<br>\$27.84 per month   | <input type="checkbox"/> Age 60+<br>\$40.99 per month   | <input type="checkbox"/> Age 60+<br>\$54.15 per month   |   |   |

**DECLINE BENEFITS**

I acknowledge that I have been made aware of health insurance options offered by my employer, that meet the minimum essential coverage requirements. (Title 1, Sec 1512, 1513)

I acknowledge that the Minimum Essential Coverage (MEC) benefit is NOT a major medical plan and that it only covers select preventative services.

Waiver (refusal of coverage): I acknowledge that I have been given the opportunity to apply for group coverage available to me and my dependents through Pinnacle and I proclaim that I was not pressured or forced by my employer, the writing agent, or any carrier representative into waiving (declining) coverage. If I have waived any coverage offered to me or my dependents, my signature below is evidence of this action.

I decline to apply for group coverage because of:

- Spousal Coverage                       Individual Coverage                       Medicare Supplement                       Other: \_\_\_\_\_

**COMPLETE DECLINE ↑ OR ENROLL ↓ BUT NOT BOTH!**

**ENROLL IN BENEFITS**

I acknowledge that I have been made aware of health insurance options offered by my employer, that meet the minimum essential coverage requirements. (Title 1, Sec 1512, 1513)

I acknowledge that the Minimum Essential Coverage (MEC) benefit is NOT a major medical plan and that it only covers select preventative services.

**Employee Signature - Required for enrollment and/or declination**

**Authorization/Acknowledgement:** I hereby authorize those providing services to me, or my dependents, to release relevant information or medical records to this plan. I have read, or have had read to me, all information contained in this form and such information is accurate and complete to the best of my knowledge. I understand that if I have made a material false statement, misrepresentation or omission on this form that changes the risk assumed by this plan I may lose coverage under this plan. I also understand that those who provide services to me under this plan are not agents, representatives or employees of this plan. I understand that my salary will be reduced in accordance to the plan guidelines if payroll deductions are necessary. Furthermore, I understand the explanation regarding my options under the Section 125 Cafeteria Plan. I understand that I have the right to have my employer redirect my salary and apply amounts towards the purchase of the benefits elected above. **I acknowledge that my pre-tax elections cannot be changed once the plan year of 08/01/21 to 07/31/22, has begun unless there is a change in Family Status. A change in family status includes (but is not necessarily limited to): changes in marital status, changes regarding dependents, changes in employment status, changes in residence or work site, changes in work schedule, or a dependent ceasing to satisfy the eligibility conditions for coverage.**

\_\_\_\_\_  
Print Name (Last, First, Middle Initial)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date