**Focus Workforce Management, Inc.**

No coverage during periods without payroll deduction or direct payment to Benefits-In-A-Card





COBRA eligible after 4 consecutive weeks without payroll deductions or direct payments (Does not apply to Disability Income Coverage)

**FWM**

Return completed forms to:

855-899-5709 or faxing@benefitsinacard.com

**ENROLLMENT FORM**

1-800-497-4856 \* M-F 8AM-8PM EST (Bilingual Agents on Staff)

I understand that deductions will continue until request is processed. Premium will not be refunded. Changes coincide with premium adjustments.

Change Cancellation 

For changes or cancellations, you MUST mark the appropriate box below and complete all required information. If no box is marked, this will be considered an enrollment form. **YOU WILL NOT BE CONTACTED**.

For faster results, call

**1-800-497-4856**

|  |
| --- |
| **Coverage Elections****Premiums displayed are weekly deductions** |
| Plan Options | Employee | Employee + Spouse | Employee + Children | Family |
| **Medical:** |
|  Stay Healthy Plan/MEC TeleRx *(ACA Compliant Plan)* |  | $17.16 |  | $20.21 |  | $20.68 |  | $23.36 |
| **VIP Plans** **–** May elect ONE with or without a Stay Healthy/MEC TeleRx election |
|  VIP Standard |  | $17.72 |  | $33.60 |  | $27.35 |  | $46.40 |
|  VIP Classic |  | $19.63 |  | $38.12 |  | $30.30 |  | $52.30 |
|  VIP Plus |  | $31.71 |  | $66.73 |  | $51.41 |  | $92.87 |
| **OR:**  |
| MVP *(ACA Compliant Plan)* Failure to call and enroll in the MVP plan will be considered a declination | **Contact BIC to enroll: 1-800-497-4856** |
| **Additional Benefit Options:** |
|  Dental  |  | $3.64 |  | $7.01 |  | $9.62 |  | $14.49 |
|  Disability *(Must be working 20 hours or more to qualify)* |  | $3.95 |  | NA |  | NA |  | NA |
|  Life |  | $2.11 |  | $2.54 |  | $2.54 |  | $3.17 |
|  Vision |  | $2.15 |  | $4.35 |  | $4.94 |  | $7.62 |
|  Critical Illness |  | $2.51 |  | $3.87 |  | $2.78 |  | $4.13 |
|  Accident |  | $2.01 |  | $2.95 |  | $3.01 |  | $4.54 |
|  Behavioral Health |  | $1.50 |  | $1.50 |  | $1.50 |  | $1.50 |
|  IDX Social Plus |  | $1.98 |  | $2.70 |  | $2.70 |  | $2.70 |
|  FreeRx |  |  $5.99 |  | $6.99 |  | $6.99 |  | $6.99 |
| **Coverages are effective on the Monday following your payroll deduction for benefits** |

Are you covered by other Insurance?

Yes No 

**No Coverage: I choose not to participate**

**General Information Section**

**Complete Entire Section (Please Print)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee’s Name | Gender | Social Security Number | Country of Citizenship |  | Married |
|  |  |  |  |  | Single |
| Home Address (Street or PO Box) | City | State | Zip Code |
|  |  |  |  |
| Date of Birth (MM/DD/YY) | Email Address | Telephone |
|  |  | ( ) |
| Beneficiary’s Full Name | Relationship |
|  |  |
|  |
| **Dependent Coverage Section (Please Use Additional Sheets if Necessary)** |
| Dependent’s Name | Relation | Gender | Social Security Number | Country of Citizenship | Date of Birth (MM/DD/YY) |
|  | Spouse |  |  |  |  |
|  | Child |  |  |  |  |
|  | Child |  |  |  |  |
|  |
| Signature: |  | Date: |

2024 Enrollment