**Employee Enrollee Information**

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| --- | --- | --- | --- |
| **First Name** | **Last Name** | | **Date of Birth** |
| **Social Security #** | **Phone #** | | **Sex (Circle one)**  **Male or Female** |
| **Street Address** | | **City/State** | **Zip Code** |

**Medical Coverage Election**

**You must select one option**.  *If you leave this section blank, you will be treated as having declined coverage. There are NO FEDERAL penalties or taxes for not having insurance coverage.*

 **I decline coverage for myself and all dependents.** (I wish to have no money deducted from my check)

I decline coverage due To: Existence of other coverage Medicare or Medicaid Other

 **I accept Minimum Essential Coverage (NOT Major Medical)**

This Minimum Essential Coverage (MEC) plan is NOT major medical and it does not provide for hospital coverage. Please see *Benefits Schedule* for a list of coverages and plan options. Premium is due one week in advance of coverage. The cost is approximately $17.21/week for employee coverage only. Prices are subject to change upon final pricing from insurance carrier and plan chosen. Please visit the Employee Resources and Health Insurance section of our website [www.focusjobs.com](http://www.focusjobs.com) for benefits schedule, application and coverage cost. \*\*If selecting this coverage, you must complete the additional application for the MEC (Benefits in a Card) Additional Application available in our office or on our website.

**Please select who you would like covered:**

Employee Only Employee + Spouse Employee + Children Employee + Family

**Please select the plan option:**

MEC TeleRx MEC Enhanced Basic VIP Standard VIP Plus MEC Enhanced

**Please select additional benefit options:**

 Disability Critical Illness Dental Vision  Life Accident  Behavioral Health IDX Social Plus FreeRX w/Virtual Primary Care

 **I accept coverage for Major Medical Plan (Provides Minimum Value)**

This plan is considered a Major Medical Plan. This plan meets Minimum Value (MV) and includes hospital coverage. For more information and plan details, please read the *Benefit Schedule* and *Health Insurance Memorandum* on the Employee Resources and Health Insurance section of our website at [www.focusjobs.com](http://www.focusjobs.com). The cost for this plan is approximately up to $535.82/mo. for employee only coverage based upon employee status (see *Focus Health Insurance Memorandum* for more info regarding employee status.). The cost is deducted one month in advance of coverage. Prices are subject to change upon final pricing from insurance carrier. \*\*If selecting this coverage, you must call *BIC at 1-800-497-4856 to enroll,* failure to call BIC to complete enrollment in the MVP Plan will be considered a declination.

Employee Only Coverage cost is approximately $535.82 per month

Employee plus Spouse is $1,094.32 per month

Employee plus child(ren) is $911.06 per month.

Family coverage is $1,471.58 per month

I hereby decline coverage or apply for participation in MEC and/or MV Benefit Plan for myself and/or my dependents as indicated above and agree to abide by the terms, provisions and limitations as outlined by the Plan Sponsor in the issuance of the Summary Plan Description. I declare all statements contained in this entire form are true and correct and that no material information has been withheld or omitted. I agree that no benefits will be effective until the date specified by the plan Administrators for the plan I chose. I agree a photographic copy of this authorization shall be as valid as the original and that said authorization shall be valid for the maximum length of time permitted by law. I understand that I have the right to receive a copy of this authorization upon request. I authorize my employer to deduct from earnings the contributions (if any) required toward the benefits.

**Employee (print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**