

Enrollment Worksheet

TO ENROLL logon to www.enrollforinsurance.com OR contact the Enrollment Center at 1-800-766-5710
Representatives will be available Monday through Friday, 8:30 AM to 8:00 PM Eastern Time

ENROLLMENT ID – BCM002476

Step 1	Step 2	Step 3
<p>REVIEW PLAN INFORMATION - The enrollment materials that you received contain important information about the benefits, costs, exclusions & limitations of the plans. Please review the enrollment materials carefully and decide which options are best for you and your family.</p>	<p>SELECT COVERAGE - Refer to the table below for the payroll deduction costs of the plans. Decide which plans you want to enroll in and who you would like to cover. (Put an 'X' in the box next to the option you want.) You may elect both BasicAdvantage Total and Essential plans.</p>	<p>GATHER INFORMATION – In order to process your elections and complete your enrollment, we will need the information requested in the YOUR INFORMATION section for YOURSELF and for any DEPENDENT who you wish to enroll.</p>

PAYROLL DEDUCTION COSTS												
	BasicAdvantage Total Plan			Essential Plan*			Dental Plan			Term Life/STD Plans**		
	<input type="checkbox"/>	Weekly	Bi-Weekly***	<input type="checkbox"/>	Weekly	Bi-Weekly***	<input type="checkbox"/>	Weekly	Bi-Weekly***	<input type="checkbox"/>	Weekly	Bi-Weekly***
Employee Only	<input type="checkbox"/>	\$19.72	\$39.44	<input type="checkbox"/>	\$0	\$0	<input type="checkbox"/>	\$4.45	\$8.90	<input type="checkbox"/>	\$4.25	\$8.50
Employee & Spouse	<input type="checkbox"/>	\$41.61	\$83.22	<input type="checkbox"/>	\$5.31	\$10.62						
Employee & One Child	<input type="checkbox"/>	\$29.58	\$59.16	<input type="checkbox"/>	\$9.23	\$18.46						
Employee & Children	<input type="checkbox"/>	\$49.89	\$99.78	<input type="checkbox"/>	\$18.63	\$37.25						
Employee & Family	<input type="checkbox"/>	\$66.26	\$132.52	<input type="checkbox"/>	\$22.89	\$45.78	<input type="checkbox"/>	\$12.75	\$25.50	<input type="checkbox"/>	\$4.45	\$8.90

*The costs shown include amounts paid for Affordable Care Act excise taxes (those monthly amounts are: \$3.54—Employee Only, \$6.33—Employee + Spouse, \$6.84—Employee + One Child, \$10.47—Employee + Children, \$12.11—Employee + Family) and a processing fee (those monthly amounts are: \$2.92—Employee Only, \$6.00—Employee + Spouse, Employee + One Child, Employee + Children, Employee + Family) that are in addition to the plan's premium.
 **STD Coverage is only available for employees (no dependent coverage) and is not available for employees who work in the States of CA, HI, NJ, NY, RI or in Puerto Rico. The weekly costs for Term Life only are: \$0.75 for Employee Only or \$0.95 for Employee & Family coverage. The bi-weekly costs for Term Life only are: \$1.50 for Employee Only or \$1.90 for Employee & Family coverage.
 ***The cost shown on www.enrollforinsurance.com reflect only the weekly costs. If your payroll deductions are bi-weekly, refer to the chart above.

YOUR INFORMATION			
If you are electing coverage for yourself, you will need the following information:		If you are electing coverage for your dependent(s), you will need the following information for EACH dependent:	
Your Employer	Job1USA	Full Name	
Date of Hire		Social Security Number	
Full Name		Relationship (spouse or child)	
Social Security Number		Date of Birth	
Home Phone Number		Gender	
Date of Birth		If your dependent child is over 25, is he/she disabled	
Gender		Address (if different from yours)	
Complete Home Address			

Step 4 - Once you have all required information; call the Enrollment Center at 1-800-766-5710 or logon to www.enrollforinsurance.com. You will not be able to complete your enrollment unless you provide ALL necessary information. Please keep this form for your records. **Eligible employees may enroll in the Job1USA Benefit Plan during the Open Enrollment Period that runs from November 30 through December 18, 2015. Newly eligible employees have 31 days to enroll after the date they become eligible.**

By completing the enrollment process, you wish to participate in the benefit plan(s) that you've selected above and you authorize your employer to deduct the required costs from your paycheck. Premiums for the BasicAdvantage Total, Essential, and Dental plans are payroll deducted on a pretax basis. You understand and agree that any Term Life Plan benefits payable upon your death will be paid in equal shares to members of the first surviving beneficiary class, as follows: spouse; children; parents; brothers and sisters; or, if none, then your estate.

There may be events that will allow you to enroll yourself and your eligible dependents outside of the Open Enrollment Period. Please ask your employer for a Life Event Change Form which must be used for additions or changes to benefits (including Special Enrollments), outside of an Open Enrollment Period.