



2022 Employee Enrollment Form

EMPLOYEE NAME _____		
LAST	FIRST	MI
Social Security Number:		Date of Birth
Hire Date:		Effective Date:
Address:		
City:	State:	Zip:
Phone:		
Occupation:		Avg. Hours Worked per Week:
Salary:		

MEDICAL – United HealthCare CM-J3 Navigate \$1500/\$30/80% (Base)		
<i>SELECT ONE</i>		<i>Your Cost Per Check</i>
<input type="checkbox"/>	Employee Only	\$62.04
<input type="checkbox"/>	Employee + Spouse	\$310.25
<input type="checkbox"/>	Employee + Child/ren	\$273.02
<input type="checkbox"/>	Employee + Family	\$521.21
<input type="checkbox"/>	Keep the same coverage as previous year	
<input type="checkbox"/>	NO MEDICAL COVERAGE ELECTED: Initial here to WAIVE Medical _____	

MEDICAL – United HealthCare Choice Plus CBW3 OAP IN \$1250/\$20/80% (Buy-Up)		
<i>SELECT ONE</i>		<i>Your Cost Per Check</i>
<input type="checkbox"/>	Employee Only	\$73.79
<input type="checkbox"/>	Employee + Spouse	\$368.96
<input type="checkbox"/>	Employee + Child/ren	\$324.68
<input type="checkbox"/>	Employee + Family	\$619.85
<input type="checkbox"/>	Keep the same coverage as previous year	
<input type="checkbox"/>	NO MEDICAL COVERAGE ELECTED: Initial here to WAIVE Medical _____	

Voluntary Dental – Principal		
<i>SELECT ONE</i>		<i>Your Cost Per Month</i>
<input type="checkbox"/>	Employee Only	\$31.99
<input type="checkbox"/>	Employee + Spouse	\$60.35
<input type="checkbox"/>	Employee + Child/ren	\$75.91
<input type="checkbox"/>	Employee + Family	\$115.26
<input type="checkbox"/>	Keep the same coverage as previous year	
<input type="checkbox"/>	NO DENTAL COVERAGE ELECTED: Initial here to WAIVE Dental _____	

Voluntary Vision – EyeMed		
<i>SELECT ONE</i>		<i>Your Cost Per Month</i>
<input type="checkbox"/>	Employee Only	\$8.42
<input type="checkbox"/>	Employee + Family	\$21.49
<input type="checkbox"/>	Keep the same coverage as previous year	
<input type="checkbox"/>	NO VISION COVERAGE ELECTED: Initial here to WAIVE Vision _____	

Please complete the following information below for yourself along with your spouse, and/or dependents that are seeking coverage.

Add/Change/Delete		Name (Last, First, MI)	Social Security Number	Date of Birth	Sex
	Self				
	Spouse				
	Child				
	Child				
	Child				
	Child				
	Child				
	Child				

All eligible employees will be automatically enrolled in Early Connection’s Group Life and AD&D policy. Early Connection’s pays 100% of monthly cost. You MUST designate a Beneficiary for your Group Life Insurance below:

Primary Beneficiary Names/Relationship: 1. _____ Percentage _____	Address: Social Security Number: Phone Number:
Contingent Beneficiary Names/Relationship: 1. _____ Percentage _____	Address: Social Security Number: Phone Number:

Voluntary Short Term Disability (STD) – Principal		
SELECT ONE		
<input type="checkbox"/>	Enroll – Statement of Health Required if electing coverage outside of initial new hire eligibility	\$0.92 per \$10
<input type="checkbox"/>	Decline	

Employee Authorization: I approve the above elections (and waivers, if applicable) for plan year 2022, and authorize the corresponding premiums/charges to be taken from my paychecks. I understand that these elections are set forth for the full year and cannot be revoked mid-year unless I have a qualifying event. Additionally, I understand that financial hardship does not constitute a qualifying event, per the IRS guidelines.

EMPLOYEE SIGNATURE	DATE