Enrollment Form

**1701 Barrett** **Lakes Blvd. NW, Suite 180 | Kennesaw, GA 30144 | Phone: 866-696-3225 |** **Fax: 866-632-9373 | Email: healthplus@namgllc.com**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name: | | | | | | | | | | | | Effective Date of Coverage: | | | | | | | | |
| Date of Hire/Qualifying Event: | | | | | | | □ Initial Enrollment □ New Hire □ Qualifying Event □ Open Enrollment changes | | | | | | | | | | | | | |
| Please check all options that apply: | | | | | | | | | | | | | | | | | | | | |
| □ Cancelling All Coverage | | | | | | | □ Adding Coverage(s) | | | | | □ Dropping a Product(s) | | | | | | □ Adding Dependent(s) | | |
| □ Removing Dependent(s) | | | □ Changing Dependent(s) | | | | | | □ Address Change | | | | | | □ Marital Status Change | | | | | |
| Refusing/Waiving Coverage: | | | | | | | | | | | | | | | | | | | | |
| □ Medical | □ MEC | | | | | □ Dental | | □ Vision | | | | □ Supplemental Life | | | | | | □ Supplemental AD&D | | |
| If waiving, why: | □ Covered by other family member | | | | | | | Other: | | | | | | | | | | | | |
| What medical option are you applying for? | | | | | | | | | | | | | | | | | | | | |
| □ MEC Basic | | □ MEC Choice | | | | | □ Bronze Basic | | | | | □ Bronze Preferred | | | | | | □ Silver Basic | | |
| □ Silver Choice | | | | □ Gold Basic | | | | | | □ Gold Preferred | | | | | | □ Platinum Choice | | | | |
| Employee (\*\*$10,000 Life and AD&D coverage included when employee is enrolled in medical plan): | | | | | | | | | | | | | | | | | | | | |
| Last Name: | | | | | First: | | | | | | MI: | SSN (required): | | | | | | | | |
| Address: | | | | | | | City: | | | | | | | State: | | | | | Zip: | |
| Email: | | | | | | | Home Phone: | | | | | | | Work Phone: | | | | | | |
| Date of Birth: | | | | | | | Gender: □ Male □ Female | | | | | | Marital Status: □ Married □ Single | | | | | | | |
| Are you applying for dental coverage?  Yes □ No □ | | | | | If your company offers supplemental term life; Full-time salaried employees can elect up to $100,000; Full-time hourly can elect up to $50,000 ($50,000 guaranteed with no medical approval). What amount are you electing?  $ | | | | | | | | | | | | | | | |
| Are you applying for vision coverage?  Yes □ No □ | | | | | If your company offers supplemental AD&D; Class 1 - full-time salaried and full-time hourly employees can elect up to $100,000; Class 2 - part-time hourly can elect up to $50,000. What amount are you electing?  $ | | | | | | | | | | | | | | | |
| Signature Requirements | | | | | | | | | | | | | | | | | | | | |
| 1. The MEC Basic and Choice plans provide less coverage than traditional major medical programs and may not be suitable for everyone. Please review the details of the MEC Basic or Choice plan before choosing it. The MEC Basic and Choice plans are minimum essential coverage that allows an individual to satisfy the individual mandate requirement under the Affordable Care Act. If you are electing MEC Basic or Choice coverage **please initial here** to acknowledge you have read the above statement. \_\_\_\_\_\_ 2. I acknowledge that I have been provided and received an explanation of all of the various medical coverage options made available to me and the cost of that coverage. **Please initial here** to acknowledge \_\_\_\_\_\_ 3. **If enrolling in employee-only coverage please sign and date page 1.** | | | | | | | | | | | | | | | | | | | | |
| Signature of applicant: | | | | | | | | | | | | | | | | | Date: | | |

***If applicable, please complete spouse and dependent enrollment information on the following page.***

**Signing this form acknowledges that you have read and understand the rights and obligations of enrollment in the Health+ plans.**

**Signing also authorizes your employer to withhold your insurance premiums via payroll deductions.**

Enrollment Form – Page 2

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|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name: | | | | | | SSN (required): | | | |
| Spouse: | | | | | | | | | |
| Last Name: | First: | | | | MI: | SSN (required): | | | |
| Date of Birth: | | | | | Gender: □ Male □ Female | | | | |
| Are you applying for medical coverage?  □ Yes □ No | | Are you applying for dental coverage?  □ Yes □ No | | | | | | Are you applying for vision coverage?  □ Yes □ No | |
| If your company offers supplemental term life; Spouse can elect up to half of employee amount, up to $50,000 (Guaranteed amount without medical approval is $10,000). What amount are you electing?  $ | | | | | | | | | |
| If your company offers supplemental AD&D; Spouse of class 1 - full-time salaried and full-time hourly employees can elect up to $50,000. Spouse of class 2 - part-time hourly employees can elect up to up to $10,000. What amount are you electing?  $ | | | | | | | | | |
| Child: | | | | | | | | | |
| Relationship to employee: | | | | □ If child is 26 or older and disabled please check here | | | | | |
| Last Name: | First: | | | | MI: | SSN (required): | | | |
| Date of Birth: | | | | | Gender: □ Male □ Female | | | | |
| Are you applying for medical coverage?  □ Yes □ No | | | Are you applying for dental coverage?  □ Yes □ No | | | | | Are you applying for vision coverage?  □ Yes □ No | |
| If your company offers supplemental term life; you can elect $5,000 or $10,000. What amount are you electing?  $ | | | | | | | | | |
| If your company offers supplemental AD&D; class 1 can elect up to $25,000; class 2 can elect up to $10,000. What amount are you electing?  $ | | | | | | | | | |
| Child: | | | | | | | | | |
| Relationship to employee: | | | | □ If child is 26 or older and disabled please check here | | | | | |
| Last Name: | First: | | | MI: | | SSN (required): | | | |
| Date of Birth: | | | | Gender: □ Male □ Female | | | | | |
| Are you applying for medical coverage?  □ Yes □ No | | | Are you applying for dental coverage?  □ Yes □ No | | | | Are you applying for vision coverage?  □ Yes □ No | | |
| If your company offers supplemental term life; you can elect $5,000 or $10,000. What amount are you electing?  $ | | | | | | | | | |
| If your company offers supplemental AD&D; class 1 can elect up to $25,000; class 2 can elect up to $10,000. What amount are you electing?  $ | | | | | | | | | |
|  | | | | | | | | | |
| **Signature of applicant:** | | | | | | | | | **Date:** |

**Signing this form acknowledges that you have read and understand the rights and obligations of enrollment in the Health+ plans.**

**Signing also authorizes your employer to withhold your insurance premiums via payroll deductions.**