



BasicCare Program

Enrollment Form

You must complete Sections A and B. Complete Section C only if you are enrolling dependents. Make a copy of your completed Enrollment Form for your records. Please print neatly and firmly within the boxes.

SECTION A — INFORMATION ABOUT YOU

Form for Section A containing fields for Social Security Number, First Name, Middle Initial, Last Name, Mailing Address: Street, City, State, Zip, Home Phone Number, Birth Date (Month, Day, Year), Sex (M, F), Name of Employer, and Work Phone Number.

SECTION B — ENROLLMENT SELECTION

It is important that you follow the directions when making your elections; otherwise, your enrollment may be delayed. And if you are enrolling any of your dependents (spouse or children), please be sure to include their information in Section C; otherwise, their enrollment may be delayed. Costs listed below are bi-weekly amounts.

Make your selection by putting an X in the box next to the selection you want. You must mark a box in each section. List your Dependents on the back of this form.

Table with 2 columns: Selection and Basic Advantage Total & Essential Plans*. Rows include Employee Only (\$15.18), Employee + Spouse (\$58.59), Employee + One Child (\$48.03), Employee + Children (\$98.74), Employee + Family (\$132.79), and DECLINE COVERAGE.

* The costs shown include amounts paid for Affordable Care Act excise taxes (those monthly amounts are: \$3.55—Employee Only, \$6.32—Employee + Spouse, \$6.84—Employee + One Child, \$10.46—Employee + Children, \$12.10—Employee + Family) and a processing fee (those monthly amounts are: \$2.92—Employee Only, \$4.34—Employee + Spouse, \$4.34—Employee + One Child, \$5.90—Employee + Children, \$6.61—Employee + Family) that are in addition to the Essential plan’s premium.

I wish to participate in the benefit plan(s) that I’ve selected above and I authorize my employer to deduct the required costs from my paycheck.

Your Signature

Today's Date: Month Day Year

(OVER PLEASE)

