Kids & Company - Benefit Elections

EMPLOYEE INFORMATION:

Employee First Name _____ Employee Last Name:_____

Employee Date of Birth: _____ Employee SSN: _____

Employee Address:_____ City: _____

State:_____ ZIP Code:_____

Employee Gender: _____ Employee Phone Number:_____

Employee Email Address: _____

Employee PCP Full Name: _____ Employee PCP Town: _____

Hire Date: _____ Hourly Rate or Salary: _____

DEPENDENT INFORMATION:

Spouse:

First Name: _____ Last Name: _____ DOB:_____

SSN: _____ Gender: _____PCP Full Name: _____

Spouse Address (If different):_____

Dependent 1

First Name: _____ Last Name: _____ DOB:_____

SSN: _____ Gender: _____PCP Full Name: _____

PCP Town:_____

Dependent 2

First Name: _____ Last Name: _____ DOB:_____

SSN: _____ Gender: _____PCP Full Name: _____

PCP Town:_____

Dependent 3

First Name: _____ Last Name: _____ DOB:_____

SSN: _____ Gender: _____PCP Full Name: _____

PCP Town:_____

Dependent 4

First Name: _____ Last Name: _____ DOB:_____

SSN: _____ Gender: _____PCP Full Name: _____

PCP Town:_____

Kids & Company - Benefits Elections:

UHC Medical (Check One): Enroll: ☐ Waive: ☐

Tier (Check One): Employee ☐ Employee + Spouse: ☐ Employee + Child(ren): ☐ Family: ☐

UHC Plan: **Choice Plus 1500: ☐** **Choice Plus 3000: ☐** **Choice Plus 3500 HSA: ☐**

UHC Dental (Check One): Enroll: ☐ Waive: ☐

Tier (Check One): Employee ☐ Employee + Spouse: ☐ Employee + Child(ren): ☐ Family: ☐

UHC Vision (Check One): Enroll: ☐ Waive: ☐

Tier (Check One): Employee ☐ Employee + Spouse: ☐ Employee + Child(ren): ☐ Family: ☐

Life Insurance: Enroll: ☒ (Employer Paid)

Additional Life Insurance*: Enroll: ☐ Amount:_____

Short Term Disability*: Enroll: ☐ Amount:_____

Long Term Disability *: Enroll: ☐ Amount:_____

*Evidence of Insurability may be required.

Sign: _____ Date:_____

IMPORTANT INSURANCE PREMIUM NOTICE:
By electing to enroll in benefits, you understand that your contributions to the group medical, dental, and vision coverage will be taken on a pre-tax basis. You also understand that you are making a binding election concerning your benefits and authorizing payroll deductions. In the event that Kids & Company is unable to deduct these amounts, it is your obligation to pay these amounts to Kids & Company in the form of a check by the first of the month following missed deductions. You understand that an outstanding balance may lead to termination of insurance back to the last payment date.