American Printing House for the Blind - Enrollment / Change Form

CHECK APPRORIATE:

Enrollment Add Employee Coverage Drop Employee Coverage

Information Change Increase Amount Family Status Change

Add Spouse Coverage Drop Spouse Coverage Add Child Coverage Drop Child Coverage

Benefit Effective Date: ___________

Employee Name ____ Social Security Number _______________________

Address _______________________________________ City ________________________ State ______________ Zip ________

Gender: Male Female Date of Birth: _______________ Status: Married Single

Date of Hire: ____________ Job Title: _______________________ Annual Salary _________________

Spouse Name ____ Spouse's Social Security Number ____________________

Spouse's Gender: M F Spouse's Date of Birth __________________

Child:_______________________ Social Security Number______________ Date of Birth_________ Gender: M F

Child:_______________________ Social Security Number______________ Date of Birth_________ Gender: M F

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Child:_______________________ Social Security Number______________ Date of Birth_________ Gender: M F

MEDICAL COVERAGE:

PPO Premium Plan HSA Standard Plan

Single Employee & Spouse Employee & Children Family Waived

DENTAL COVERAGE:

Single Employee & Spouse Employee & Children Family Waived

VISON COVERAGE:

Single Employee & Spouse Employee & Children Family Waived

BASIC LIFE INSURANCE: PAID BY APH - 200% of your annual salary to a maximum of $250,000

VOLUNTARY LIFE INSURANCE:

Employee Coverage:

$25,000 $50,000 $75,000 $100,000 $150,000 $200,000 $250,000 Waived

Spouse Coverage: The amount may not be more that 50% of the employee amount for Voluntary Life.

$5,000 $10,000 $15,000 $20,000 $25,000 $30,000 $35,000 $40,000

$45,000 $50,000

Children Coverage: The amount may not be more that 50% of the employee amount for Voluntary Life.

$5,000 $10,000

SHORT TERM DISABILITY: PAID BY APH – 66.67% of salary to a maximum of $700 weekly.

LONG TERM DISABILITY: 60% of Salary to a maximum of $5,000 monthly.

Elect Waived

Signature ____ Date _____________________________