

2017 Big Red F Restaurant Group Benefits Enrollment & Change Form

Name:	Home Phone:	
Address:	City:	State:
Zip:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	
Restaurant:	Date of hire:	

SECTION I: Employee and Dependent Information (list additional dependents on the back of this page)

Last Name	First Name	M.I.	Gender	Birth Date	Social Security #	Relationship
						Self
						Spouse
						Child
						Child

SECTION II: Benefits & Coverage Desired (Weekly Employee Contributions are listed)

Check each box for your coverage elections and/or for waiving coverage.

Medical Coverage: Cigna Bronze Plan	Medical Coverage: Cigna Silver Plan	Medical Coverage: Cigna Gold Plan
<p>\$0-\$20,000</p> <p><input type="checkbox"/> \$16.18 Employee Only</p> <p><input type="checkbox"/> \$113.94 Employee + Spouse</p> <p><input type="checkbox"/> \$96.16 Employee + Child(ren)</p> <p><input type="checkbox"/> \$193.92 Family</p> <p>\$20,001- \$30,000</p> <p><input type="checkbox"/> \$32.33 Employee Only</p> <p><input type="checkbox"/> \$130.09 Employee + Spouse</p> <p><input type="checkbox"/> \$112.32 Employee + Child(ren)</p> <p><input type="checkbox"/> \$210.07 Family</p> <p>\$30,001-\$40,000</p> <p><input type="checkbox"/> \$49.64 Employee Only</p> <p><input type="checkbox"/> \$147.40 Employee + Spouse</p> <p><input type="checkbox"/> \$129.62 Employee + Child(ren)</p> <p><input type="checkbox"/> \$227.38 Family</p> <p>\$40,001+</p> <p><input type="checkbox"/> \$65.79 Employee Only</p> <p><input type="checkbox"/> \$163.55 Employee + Spouse</p> <p><input type="checkbox"/> \$145.78 Employee + Child(ren)</p> <p><input type="checkbox"/> \$243.53 Family</p>	<p>\$0-\$20,000</p> <p><input type="checkbox"/> \$30.25 Employee Only</p> <p><input type="checkbox"/> \$143.47 Employee + Spouse</p> <p><input type="checkbox"/> \$122.89 Employee + Child(ren)</p> <p><input type="checkbox"/> \$236.12 Family</p> <p>\$20,001- \$30,000</p> <p><input type="checkbox"/> \$46.40 Employee Only</p> <p><input type="checkbox"/> \$159.63 Employee + Spouse</p> <p><input type="checkbox"/> \$139.04 Employee + Child(ren)</p> <p><input type="checkbox"/> \$252.28 Family</p> <p>\$30,001-\$40,000</p> <p><input type="checkbox"/> \$63.71 Employee Only</p> <p><input type="checkbox"/> \$176.93 Employee + Spouse</p> <p><input type="checkbox"/> \$156.35 Employee + Child(ren)</p> <p><input type="checkbox"/> \$269.58 Family</p> <p>\$40,001+</p> <p><input type="checkbox"/> \$79.86 Employee Only</p> <p><input type="checkbox"/> \$193.09 Employee + Spouse</p> <p><input type="checkbox"/> \$172.50 Employee + Child(ren)</p> <p><input type="checkbox"/> \$285.74 Family</p>	<p>\$0-\$20,000</p> <p><input type="checkbox"/> \$36.61 Employee Only</p> <p><input type="checkbox"/> \$156.84 Employee + Spouse</p> <p><input type="checkbox"/> \$134.97 Employee + Child(ren)</p> <p><input type="checkbox"/> \$255.20 Family</p> <p>\$20,001- \$30,000</p> <p><input type="checkbox"/> \$52.76 Employee Only</p> <p><input type="checkbox"/> \$172.99 Employee + Spouse</p> <p><input type="checkbox"/> \$151.13 Employee + Child(ren)</p> <p><input type="checkbox"/> \$271.36 Family</p> <p>\$30,001-\$40,000</p> <p><input type="checkbox"/> \$70.07 Employee Only</p> <p><input type="checkbox"/> \$190.30 Employee + Spouse</p> <p><input type="checkbox"/> \$168.43 Employee + Child(ren)</p> <p><input type="checkbox"/> \$288.66 Family</p> <p>\$40,001+</p> <p><input type="checkbox"/> \$86.22 Employee Only</p> <p><input type="checkbox"/> \$206.45 Employee + Spouse</p> <p><input type="checkbox"/> \$184.59 Employee + Child(ren)</p> <p><input type="checkbox"/> \$304.82 Family</p>
<input type="checkbox"/> Waive Medical Coverage		Reason for waiving coverage:
Dental Coverage: Guardian	Vision Coverage: Cigna	
<p><input type="checkbox"/> \$6.38 Employee Only</p> <p><input type="checkbox"/> \$12.96 Employee + Spouse</p> <p><input type="checkbox"/> \$16.04 Employee + Child(ren)</p> <p><input type="checkbox"/> \$24.10 Family</p>	<p><input type="checkbox"/> \$1.31 Employee Only</p> <p><input type="checkbox"/> \$2.37 Employee + Spouse</p> <p><input type="checkbox"/> \$2.39 Employee + Child(ren)</p> <p><input type="checkbox"/> \$3.66 Family</p>	
<input type="checkbox"/> Waive Dental Coverage		<input type="checkbox"/> Waive Vision Coverage
<p>Unum Basic Life and AD&D Insurance (\$25,000): (Available to Managers and 3-year tenured Hourly employees)</p> <p><input checked="" type="checkbox"/> Employer Paid once eligibility has been met</p>		<p>Life Insurance Beneficiary Name:</p>

SECTION IV: Signature

I understand that the coverage I am applying for is subject to eligibility requirements. I acknowledge that I have read all sections of this application and certify that I agree to all matters covered herein. I also acknowledge that all information provided on this application is complete and accurate to the best of my knowledge. I understand and agree that this application shall become part of the contract between the Plan and me. I also understand that it is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides incomplete or misleading facts to a policyholder or claimant for the purpose to defraud or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Signature of Employee

Date

Below section to be completed by employer

- | | |
|--------------------------------------------------|-----------------------------------------------------------------------|
| Reason(s) for Completing Application: | <input type="checkbox"/> Coverage Change |
| <input type="checkbox"/> Information Change only | <input type="checkbox"/> Open Enrollment |
| <input type="checkbox"/> New Hire Enrollment | <input type="checkbox"/> Drop Dependents |
| <input type="checkbox"/> Reinstate Coverage | <input type="checkbox"/> Court Ordered Medical Support for dependents |

Effective Date:
Hours worked per week:
Monthly earnings: