KING'S COLLEGE
TRANSFORMATION. COMMUNITY. HOLY CROSS.

Add: ☐ **New Hire**

Change: ☐ **Address** ☐ **Name** ☐ **Health** ☐ **Dental** ☐ **Vision**

Life Event: ☐ **Marriage** ☐ **Dependent Add/Term** ☐ **Other**
Life Event Date: _____

ENROLLMENT FORM FOR BENEFIT COVERAGES

Section I. – Employee Information

Social Security Number	Last Name	First Name	MI

Address	City	State	Zip	Phone Number

Date of Birth mm/dd/yyyy	Gender	Marital Status	Hourly/Annual Earnings	Date of Hire (start date)	Effective Date	King's Employee Id#
	☐M ☐F	☐Single ☐ Divorced ☐Married ☐ Widowed				

Section II. – Enrollment/Dependent Information

	Name (Last/First/MI)	Gender	Date of Birth mm/dd/yyyy	Social Security Number	Enrollment (check all that apply to each member)
SELF		☐M ☐F			☐ **Health** ☐ **Dental** ☐ **Vision**
Spouse ☐Add ☐Term		☐M ☐F			☐ **Health** ☐ **Dental** ☐ **Vision**
Dependent ☐Add ☐Term		☐M ☐F			☐ **Health** ☐ **Dental** ☐ **Vision**
Dependent ☐Add ☐Term		☐M ☐F			☐ **Health** ☐ **Dental** ☐ **Vision**
Dependent ☐Add ☐Term		☐M ☐F			☐ **Health** ☐ **Dental** ☐ **Vision**
Dependent ☐Add ☐Term		☐M ☐F			☐ **Health** ☐ **Dental** ☐ **Vision**

Section III. – Bi-Weekly Payroll Contributions

		Single	Parent/Child(ren)	Husband/Wife	Family	Waive
Highmark BCBS	**PPO Value Plan $300**	☐ $54.00	☐ $133.00	☐ $157.00	☐ $189.00	☐
Highmark BCBS	**PPO Core Plan $500**	☐ $80.00	☐ $200.00	☐ $225.00	☐ $282.00	☐
Highmark BCBS	**PPO Premier Plan $150**	☐ $108.00	☐ $240.00	☐ $280.00	☐ $355.00	☐

Dental Coverage - *Please choose one election for Dental*

Single	☐ $10.51
Employee + 1	☐ $19.05
Family	☐ $27.86
Waive Participation	☐

Vision Coverage - *Please choose one election for Vision*

Single	☐ $1.57
Family	☐ $4.38
Waive Participation	☐

King's College HR Office Use Only

Faxed to Creative Benefits	☐
Entered on Pink Sheets	☐

Continued on Reverse

Section IV. – Beneficiary Information

Social Security Number	Name (Last, First)	Relationship	Type	Percentage (Must total 100%)
			☐Primary ☐Contingent	
			☐Primary ☐Contingent	
			☐Primary ☐Contingent	
			☐Primary ☐Contingent	

Section VI. – Guardian Life, AD&D and Long Term Disability

x Long Term Disability Coverage
x Life Insurance Coverage
☐ Voluntary Life Insurance Coverage*
* Voluntary Life Insurance is in addition to the company paid benefit.
* If electing Voluntary Life you must complete a **Guardian Application**.

☐ I do not wish to elect Voluntary Life Insurance coverage at this time

Section VI – Signature

Please note that all medical, dental, and vision payroll deductions will be taken on a pre-tax basis by King's College unless otherwise instructed.

I understand that I cannot change or revoke my election for the medical, dental or vision coverage's as of any date prior to the next open enrollment period unless I notify my Human Resources office within 30 days of a qualified change in status. The information provided above is true and correct to the best of my knowledge and I accept the provisions that I have read and understood.

Employee Signature_____**Date**_____

If you have any questions about completing this form, please call Creative Benefits, Inc. at 1-866-306-0200 ext. 7996 and ask for Maria Cometa.
Or contact via email at mcometa@creativebenefitsinc.com

Creative Benefits, Inc.
strategies to insure your success